



REGIONAL
OFFICE OF EDUCATION
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THIS FORM TO BE COMPLETED BY SCHOOL STAFF

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TO BE COMPLETED BY HOME DISTRICT 2018-2019

PROGRAM REFERRAL SAFE SCHOOL _____ ACADEMY _____

STUDENT NAME _____ M _____ F _____ Ethnicity _____ SID # _____

Address _____ City _____ Zip Code _____

Parent and Student Phone _____ Date of Birth _____ Age _____ Grade _____

Student lives with (circle) Both parents Mother Father Other _____

Name of Parent (s) /Guardian(s) _____

Address if different from above _____

REASON FOR PLACEMENT: Select Academy OR Safe School and at least one primary indicator and as many others, as applicable.

ACADEMY (Grades 9-12)

Primary

____ Chronic Truant

____ Dropout

____ Credit Deficient

____ Potential Dropout with truancy issues

____ Uninvolved, unmotivated or disaffected

Secondary

____ Student moved mid-semester

____ Difficulty with Traditional School Setting

____ Peer Interaction

____ Administration Interaction

____ Pregnant/Teen Parent

____ High Failure Rate

____ Credit Deficient

____ Physical/Emotional Health Issues

____ Other (Explain on reverse side)

SAFE SCHOOL (Grades 6-12)

Primary

____ Expulsion Eligible

____ Suspension Eligible

Secondary

____ Peer Interaction

____ Weapons

____ Fighting

____ Failure to Follow School Rules

____ Drugs

____ Theft

____ Insubordination

____ Administration Interaction

____ Other (Explain on reverse side)

Safe School/ Date of return to home district and other details: _____

Explain placement more fully including dates for suspension or expulsion: _____

Student Academic Background (include attendance, attitude, behavior): _____

List any social agencies which the student has contact: _____

Indicate the level of parental support that can be expected: _____

OTHER IMPORTANT INFORMATION: (include mental, emotional, anger issues, bullying or being bullied, problems with students and staff, drug use, etc.) _____

Number of credits required by district for graduation: _____

Number of credits student has earned toward graduation: _____ Number of credits still needed: _____

School District _____ Signature/District Authorization: _____ Date _____

ATTACHMENTS: _____ Transcripts _____ Health Record _____ F/R Lunch Application _____ Credits Needed Form