



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

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Regional Superintendent of Schools

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TO BE COMPLETED BY HOME DISTRICT 2020-2021

PROGRAM REFERRAL SAFE SCHOOL _____ ACADEMY _____

STUDENT NAME _____ M _____ F _____ Ethnicity _____ ISBE/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) _____ Parent Email Address: _____
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 6-12)

Primary
____ Chronic Truant
____ Dropout
____ Credit Deficient
____ Potential Dropout with truancy issues
____ Uninvolved, unmotivated or disaffected with traditional setting

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.) _____

TYPE OF ENROLLMENT ANTICIPATED: _____ Traditional _____ Remote _____ Hybrid

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