



St. Stephen's Lutheran Academy
~ Glade Run ~

DAY STUDENT REFERRAL FORM

REFERRAL SOURCE:

PARENT/GUARDIAN'S SCHOOL DISTRICT:		DATE COMPLETED:	
CONTACT PERSON:		TITLE:	
ADDRESS:			PHONE #:
<i>street</i>	<i>city</i>	<i>state</i>	<i>zip code</i>

STUDENT INFORMATION:

NAME:		GENDER: <input type="checkbox"/> M <input type="checkbox"/> F	
PA SECURE ID#:		GRADE LEVEL:	
SSN#:		DOB:	AGE:
ADDRESS:			PHONE:
<i>street</i>	<i>city</i>	<i>state</i>	<i>zip code</i>

CONTACT INFORMATION FOR LEGAL GUARDIAN:

RELATIONSHIP TO STUDENT	NAME	ADDRESS	PHONE#

*** THESE ITEMS MUST BE INCLUDED PRIOR TO ENROLLMENT:**

SPECIAL EDUCATION STUDENTS:	ALL STUDENTS:
<input type="checkbox"/> IEP *	<input type="checkbox"/> Report cards *
<input type="checkbox"/> ER * Does ER reflect current placement recommendations? <input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> Immunization records (do not send originals) *
<input type="checkbox"/> NOREP *	<input type="checkbox"/> State School Health Record (do not send originals)
<input type="checkbox"/> Educational/psychological report	*Please be aware that St. Stephen's will require a credit count for high school students prior to the initial IEP meeting, so that we can do appropriate planning for the student.

EDUCATIONAL SERVICES: (check all that apply)		
<input type="checkbox"/> Speech Services	<input type="checkbox"/> Physical Therapy	<input type="checkbox"/> English Second Language
<input type="checkbox"/> Hearing Services	<input type="checkbox"/> Vision Services	<input type="checkbox"/> Other
<input type="checkbox"/> Occupational Therapy	<input type="checkbox"/> OVR	

COMMUNITY SERVICES (agencies):
1.
2.
3.

PSYCHIATRIC HOSPITALIZATIONS, ALTERNATIVE SCHOOL PLACEMENTS, LEGAL AND/OR RESIDENTIAL PLACEMENTS:

	When	Where	Duration	Discharge Date
Psychiatric Hospitalization(s)				
Alternative School Placement(s)				
Legal Placement(s)				
Residential Placement(s)				