



LINKS REFERRAL FORM

PLEASE COMPLETE FORM IN FULL

REMIT TO: Elinor Lincoln Hickey Jr./Sr. High School, 2040 Ethan Way, Sacramento, CA 95825
 North Area Community School, 4000 Pinell St. Sacramento, CA 95838

STUDENT INFORMATION:

Date of Referral: _____ / _____ / _____

Referring District or Agency: _____

Student's Name: _____ Social Security #: _____ - _____ - _____

Birth Date: _____ / _____ / _____ Grade Attending: _____ Alias (AKA): _____

Gender: M F Ethnicity:

- | | | |
|--|---|---|
| <input type="checkbox"/> American Indian | <input type="checkbox"/> Asian | <input type="checkbox"/> Pacific Islander |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> African American | <input type="checkbox"/> Caucasian |
| <input type="checkbox"/> Other _____ | | |

Parent / Guardian Name: _____ Relationship to Student: _____

Day Phone: () _____ - _____ Evening Phone: () _____ - _____

Address: _____
Street Address City State Zip Code

School District: _____ Last School Attended: _____

REASON FOR REFERRAL:

Please Circle or Check

Special Education IEP: YES NO

Active IEP? YES NO

Annual IEP Date: _____ Triennial Due Date: _____

Previously Special Education: YES NO

Known Gang Affiliations: _____

Probation Officer Name: _____

Probation Officer Phone: () _____ - _____

Date Eligible for Readmission: _____ / _____ / _____

- Probation, WIC 602 E.C. 1981(c)
- Social Services, WIC 300 E.C. 1981(d)
- SARB, (Attach Documents) E.C. 1981(b)
- Expulsion, (Attach Documents) E.C. 1981(a)
- Mandatory Expulsion, E.C. 1981(c)
- Parent Request with School District Approval E.C. 1981(b) ** Parent Signature Required **
- Probation Referral, WIC 300, 601, 602, E.C. 1981 (b) (2) Furlough Date: _____
- Other District Referral

Counseling Hours Required: _____ Community Service Hours Required: _____

Other Readmission Requirements: _____

Comments: _____

Signature of Referring Personnel: _____ Date: _____ Phone: _____

Printed Name of Referring Personnel: _____ Title: _____ Fax: _____