

**Premier Academy High School Referral**

Attn: Charisse Beach, Principal  
51 W. Jackson St. Joliet, IL 60432

Phone: (815) 722-3333 ext. 223  
Fax: (815) 722-3352

**Student** \_\_\_\_\_ **Home Phone** (\_\_\_\_) \_\_\_\_\_ **Birth date** \_\_\_\_\_

**Grade** \_\_\_\_\_ **Social Security #** \_\_\_\_\_ **SIS #** \_\_\_\_\_

**Home Address: Street** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Name(s) of Parent/Guardian** \_\_\_\_\_ **Cell #** (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ **Cell #** (\_\_\_\_) \_\_\_\_\_

**Home School** \_\_\_\_\_ **Contact Person** \_\_\_\_\_ **Title** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Fax** \_\_\_\_\_ **E-Mail** \_\_\_\_\_

**Does student have an IEP?** YES \_\_\_ NO \_\_\_ If yes, attach current IEP. **Free or reduced lunch?** YES \_\_\_ NO \_\_\_

**Check one reason for referral:**

Multiple suspensions; list reasons for suspensions: \_\_\_\_\_

Eligible for expulsion; list reason: \_\_\_\_\_

Expelled and readmitted, then administratively transferred to Premier; list reason for expulsion: \_\_\_\_\_

Chronic Truant (truant 10% or more of the preceding 180 days)

Drop-out between the ages of 17 and 21

**Expected Return Date:** \_\_\_\_\_

***Participation in graduation ceremony is at the discretion of home school official.***

**Attach the following: (1) Individual Learning Plan (I.L.P.), (2) Transcript, (3) Attendance Data, (4) Progress Report, (5) Credit Audit / Checklist, (6) Standardized Test Scores, (7) Behavior Data and (8) Behavior Checklist**

**Comments:** \_\_\_\_\_