

PREMIER ACADEMY HIGH SCHOOL REFERRAL

Attn: Jaime Koziol 1715 Division Street Morris, IL 60450 | Phone: (815) 416-0377 | Fax: (815) 774-8969

Name of Student _____ Phone _____

Birth date _____ Grade _____ Social Security # _____

Home Address: Street _____ City _____ Zip _____

Name of parent/guardian _____ Illinois SIS # _____

Home School Name _____ Street _____ City _____ Zip _____

Contact Person _____ Phone _____ Fax _____
E-Mail _____

Does Student have an existing IEP? YES ___ NO ___ If yes, attach current IEP.

Is student eligible for free or reduced lunch? YES ___ NO ___ Estimated Length of Placement: _____

Check the reason(s) for referral: Please list additional information and all efforts made by home school personnel.

_____ Multiple suspensions; list reasons for suspensions: _____

_____ Eligible for expulsion; list reason: _____

_____ Expelled and readmitted, then administratively transferred to Premier; list reason for expulsion and include administrative transfer form: _____

_____ Chronic Truant (truant 10% or more of preceeding reporting period) _____
Days in Reporting Period _____ Days Absent _____ Days Tardy/Partially Truant _____

_____ Dropout between the ages of 17 – 21 (student has to have dropped out, not at risk of dropping out)
Drop Out Date _____ Dropout Reason _____

An Individualized Learning Plan (ILP) ,an updated transcript, one year of attendance data, and one year of behavior information must accompany this referral. You may also include:

_____ Copy of expulsion warning _____ Most recent progress report _____ Achievement Test Data

REFERRALS WILL NOT BE PROCESSED UNTIL ALL INFORMATION IS RECEIVED.

***If the student fails to comply with the Premier Academy enrollment contract or Student Policy, he/she will be removed from the program and referred back to the home school for disciplinary action*

Comments: _____
