

Referral Date: _____

Placement Referral

Helen Hunt Jackson Family Tree Learning Center

258 N. Thompson Street * Hemet, CA 92543

www.helenhuntjackson.org

FAX: 951-765-5195

PHONE: 951-765-5193

Student Information:

Name: _____ Grade: _____ DOB: _____ Age: _____

Parent/Guardian/Caregiver Name: _____

Address: _____ City _____ Zip _____

Best Contact Phone: (_____) _____

School the student is currently attending: _____ District: _____

How did you hear about our program?

Why are you seeking an alternative education for your student?

Have you met/spoken with a counselor/principal at your current school? (Circle) Yes or No -- Please Initial _____

Has the student ever attended Helen Hunt Jackson/Family Tree Learning Center? (Circle) Yes or No

Has the student ever been enrolled in Hemet USD? (Circle) Yes or No

Do you have a legal/court document regarding your student that should be on file at the school site? (Circle) Yes or No

I certify that my child:

Student has **not** been enrolled in any of the special programs below.

Was **previously, but is not currently**, enrolled in a special program. (Check program below)

Date exited from program _____

Student is **currently** in one or more of the programs below? Please check program.

Adaptive Physical Education (APR)

English Language Development (ELD)

Gifted and Talented Education (GATE)

Language / Speech Program (LAS)

Resource Specialist Program (RSP)

Special Day Class (SDC)

Visually Impaired Program (VI)

504 Plan

Severely Handicapped Program

IEP (Individualized Educational Plan)

I certify that my child:

Is **not** under an expulsion or suspension order.

Is **currently** being recommended/is under an expulsion order or suspension

Student has completed an assigned expulsion order

If yes, please provide school district/school name: _____

Parent Signature Required – Please see other side.

Office Notes: _____
