



<b>SCHOOL:</b>			<b>DATE:</b>
<b>STUDENT INFORMATION</b>			
<b>NAME:</b>			<b>DOB:</b>
Student Number:	Age:	Grade:	Student's Phone:
Address:			
City:		Postal Code:	
<b>PRIMARY GUARDIAN INFORMATION</b>			
<b>NAME:</b>			<b>Relationship:</b>
Same as student <input type="checkbox"/>	Address:		
Home Tel.:	Cell Tel.:	Work Tel.:	
<b>SECONDARY GUARDIAN INFORMATION</b>			
<b>NAME:</b>			<b>Relationship:</b>
Same as student <input type="checkbox"/>	Address:		
Home Tel.:	Cell Tel.:	Work Tel.:	
<b>REASON FOR REFERRAL</b>			
Mental Health Concerns <input type="checkbox"/>	Referral to community support <input type="checkbox"/>	Caregiver requests support <input type="checkbox"/>	
<b>Attendance:</b> Habitual <input type="checkbox"/>	Must be accompanied by <u>Habitual Absence Referral Checklist</u>		
Consecutive <input type="checkbox"/>	Attach student's individual attendance report		
➤ 15 consecutive days absence <u>automatically also requires</u> a Prolonged Absence Referral Form (PARF).			
<b>Days absent to this referral date:</b>	Elementary _____	Secondary _____	
<b>Principal Signature (required):</b>			
Original to SSC:	Copies Required to:	OSR <input type="checkbox"/>	Caregiver <input type="checkbox"/>

