



Summit County Educational Service Center

420 Washington Avenue

Cuyahoga Falls, Ohio 44221

Phone: 330-945-5600 Fax: 330-945-6222

Linda M. Fuline, Superintendent

**Alternative Education Academy
REFERRAL FORM
2007-2008**

This form should be completed by the home school counselor, principal, or other school administrator.

I am recommending that the following student be enrolled in the Alternative Education Academy at the Summit County Educational Service Center beginning _____ and until _____ or later.

Name of Student: _____ Date of Birth: _____

Name of Parent/Legal Guardian: _____

Address: _____
street city zip

Home Phone: _____ Work Phone: _____ Cell Phone: _____

School district of residence: _____

School last attended: _____ Month/Year: _____

Grade last completed: _____ Month/Year: _____

Check the following that applies:

- High School Drop Out
- Alternative School Student
- Credit Deficient Student (alternative to summer school and correspondence courses)
- Home Schooling Student
- Home Bound Instruction
- Alternative to Expulsion
- Other _____

Referring Counselor or Administrator

Position

Signature

Date