

Dear School Administrator:

Thank you so much for your interest in the Alternative Education Center-Safe School Program. In order to serve your student successfully, we need information about their past performance and current needs. The following is a checklist of items we will need **BEFORE** we can register your student. If you have questions or if you wish further information, please call us at 618-233-6874.

**Here is a handy checklist for you to confirm that the referral is complete:**

- \_\_\_\_\_1) Completed Referral Sheet (including specific information on general behavior and expulsion/suspension incidents
- \_\_\_\_\_2) Copy of student's complete discipline report.
- \_\_\_\_\_3) Copy of Current grades. (High School students a copy of current transcript) Include withdrawal (%) percentages.
- \_\_\_\_\_4) For High School students, completed recommendations of classes at AEC
- \_\_\_\_\_5) Current working contact information for parents/guardians
- \_\_\_\_\_6) Copy of any applicable IEP or 504 Plan

**Thank you so much for your cooperation. We look forward to working with you.**

**Sincerely,**

**AEC Safe School Staff**

**Alternative Ed Center-Safe School  
1722 West Main Street  
Belleville, IL 62226  
618-233-6874**

**2021-22 SY STUDENT REFERRAL FORM**

Referring School \_\_\_\_\_ District \_\_\_\_\_ Date of Referral \_\_\_\_\_

Person Making Referral \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Ext \_\_\_\_\_ Email \_\_\_\_\_

Person to receive student information at home school \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Ext \_\_\_\_\_ Email \_\_\_\_\_

**Student Name** \_\_\_\_\_ Grade entering AEC \_\_\_\_\_

Student Address \_\_\_\_\_ City \_\_\_\_\_

D.O.B. \_\_\_\_\_ Age \_\_\_\_\_ Sex: M F Ethnic Origin \_\_\_\_\_

How long has student been enrolled in your district: \_\_\_\_\_ Grades repeated \_\_\_\_\_

Student State ID \_\_\_\_\_ (**ID mandatory for enrollment**)

1) Guardian \_\_\_\_\_ Relationship to student \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home/Cell \_\_\_\_\_ Work # \_\_\_\_\_ Email \_\_\_\_\_

2) Guardian \_\_\_\_\_ Relationship to student \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home/Cell \_\_\_\_\_ Work # \_\_\_\_\_ Email \_\_\_\_\_

3) Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Reasons for referral (**Please circle all that apply to general behavior and/or expulsion**):

Academics    Drugs/Alcohol    Assault/Battery    Fighting    Truancy    Weapon    Theft

Vandalism    Bomb Threat    Gang Ideation    Threats/Bullying    Chronic Insubordination

Destruction of Property    Sexual Harassment/Language    Other: \_\_\_\_\_

**Please attach a list of office referrals or precise summary (referral is not complete without specific descriptors of problem behaviors).**

Actions taken by the school up to this point: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List names of siblings:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Length of Stay at AEC- Start Date** \_\_\_\_\_ **End Date** \_\_\_\_\_

Expulsion Dates \_\_\_\_\_

In lieu of expulsion Dates \_\_\_\_\_

Suspension Dates \_\_\_\_\_

**5-8 Grade Student: Indicate passed or needed and date**

IL Constitution/Date \_\_\_\_\_ Federal Constitution/Date \_\_\_\_\_ IAR Test/Date \_\_\_\_\_

Is the student working to be promoted to their proper grade: YES NO

**High School Student:**

Credits earned to date \_\_\_\_\_ Credits needed for graduation \_\_\_\_\_

If SENIOR, expected graduation date \_\_\_\_\_ SAT Test \_\_\_\_\_

**Home School Counselor** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**OTHER:**

Student recommended for Special Education: YES NO

Student receives special services in any capacity (IEP or 504): YES NO If **YES, Please attach**

Student involved with any social service agency \_\_\_\_\_

Student on Probation \_\_\_\_\_ Name of Officer \_\_\_\_\_

Please scan and email completed referral to [slouderman@aecroe50.org](mailto:slouderman@aecroe50.org) or [casanders@aecroe50.org](mailto:casanders@aecroe50.org) OR mail to the above listed address. AEC Safe School referral is also available on the R.O.E. website under Programs.

**HIGH SCHOOL STUDENT CLASSES for Alternative Ed Center  
(Complete one for each semester of enrollment)**

**Student:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please **circle** classes that you want the student to be enrolled in at the AEC. Students cannot be enrolled until classes have been selected. Please select **one** from each subject area.

**MATH**

Pre-Algebra

Algebra 1

Algebra 2

Geometry

Business Math

**ENGLISH**

English 1 (9<sup>th</sup> Grade)

English 2 (10<sup>th</sup> Grade)

English 3 (11<sup>th</sup> Grade)

English 4 (12<sup>th</sup> Grade)

**SCIENCE**

Biology

Earth

Physical

Wildlife Biology

**SOCIAL STUDIES**

Civics

Consumer Ed

U.S. History

World Geography

World History

**CREDIT RECOVERY**

Accounting

Government

Health

Individual Reading

Keyboarding

Marketing

Psychology

Sociology

Or any other Core Class listed above: \_\_\_\_\_

If you have a SENIOR that needs a specific class to graduate, please list that class \_\_\_\_\_.

**All students will be enrolled in Personal Relations and Communications and P.E.**

**All students will be taking 7/8 classes which could include Co-Op.**

**A class selection for EACH semester of enrollment MUST be completed for acceptance into the AEC Safe School Program.**

*Indicate which semester is represented by the above classes:*

**1<sup>st</sup>** \_\_\_\_\_ **2<sup>nd</sup>** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Person completing form**

\_\_\_\_\_  
**Title**