

**2024-2025**

## Pineland Learning Center Student Referral Form

### Student Information

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Primary Disability: \_\_\_\_\_ Secondary Disability: \_\_\_\_\_

Check All that Apply: ☐ White ☐ African-American ☐ Asian ☐ American Indian ☐ Pacific Islander ☐ Hispanic ☐ Alaskan

Gender: ☐ Male ☐ Female ☐ Non-Binary

### School District Information

Referring School District: \_\_\_\_\_ Home School: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Email: \_\_\_\_\_

District is Responsible for: ☐ Case Management ☐ Tuition

**District of Residence** (if different from above): \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Email: \_\_\_\_\_

District is Responsible for: ☐ Case Management ☐ Tuition

**Contract & Tuition Information Should be Directed to:** \_\_\_\_\_ / \_\_\_\_\_  
Name Phone #

### **Student Resides with:**

☐ Mother ☐ Father ☐ Stepmother ☐ Stepfather ☐ State Guardian ☐ Foster Parent ☐ Other: \_\_\_\_\_

### **Student's Legal Guardian:**

☐ Mother ☐ Father ☐ Stepmother ☐ Stepfather ☐ State Guardian ☐ Foster Parent ☐ Other: \_\_\_\_\_

### Current Residence/Caregiver Information:

Name: \_\_\_\_\_ Title/Relation to Student: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Landline: \_\_\_\_\_ Email: \_\_\_\_\_

### Parent/Legal Guardian Information (if different from above):

Name: \_\_\_\_\_ Title/Relation to Student: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Landline: \_\_\_\_\_ Email: \_\_\_\_\_

### **Application Form Completed By:**

CST Representative: \_\_\_\_\_ Date: \_\_\_\_\_  
Name/Title

Rev: 2/2025