

**Monroe Community College
Liberty Partnerships Program**

Damon City Campus -- 228 East Main Street -- Rochester NY 14604 -- PHONE 262-1679 -- FAX 262-1680

STUDENT REFERRAL FORM

Student Information					
Last Name		First Name		School ID Number	
<input style="width:100%;" type="text"/>		<input style="width:100%;" type="text"/>		# <input style="width:100%; height: 20px;" type="text"/>	
Street Address and Zip Code			Home Phone		Cell Phone
<input style="width:100%;" type="text"/>			<input style="width:100%;" type="text"/>		<input style="width:100%;" type="text"/>
School		Grade		Date of Birth	
<input style="width:100%;" type="text"/>		<input style="width:100%;" type="text"/>		<input style="width:100%;" type="text"/>	
Ethnicity				Gender	
Black/Non-Hispanic	<input type="checkbox"/>	White	<input type="checkbox"/>	Asian/Pacific Islander	<input type="checkbox"/>
Hispanic	<input type="checkbox"/>	Other	<input type="checkbox"/>		
			Male	<input type="checkbox"/>	
			Female	<input type="checkbox"/>	

Parent/Guardian Information and Emergency Contact Information

Last Name: _____ First Name: _____ Relationship: _____

Address: _____ Zip: _____ Home phone _____

Cell phone: _____ Work phone: _____

In case of an emergency, contact:

Name _____ Relationship _____

Address _____ Phone _____ Cell _____

Referral Information

Referral source: _____ Referral Date _____

Title _____ Phone _____ Signature _____

Child's School Administrator _____ Phone _____

Child's School Counselor _____ Phone _____

Please specify the reasons for the referral: _____

Recommendations: _____

At-risk Factors (Check all that apply)

<input type="checkbox"/> Unsatisfactory academic performance	<input type="checkbox"/> Homelessness/residence in a shelter
<input type="checkbox"/> Inconsistent, low attendance, truancy	<input type="checkbox"/> History of substance abuse
<input type="checkbox"/> Behavior/discipline problems	<input type="checkbox"/> Limited English proficiency
<input type="checkbox"/> Family history of dropping out of school	<input type="checkbox"/> Negative peer pressure
<input type="checkbox"/> Negative change in family circumstances	<input type="checkbox"/> Teen pregnancy and/or parenting
<input type="checkbox"/> History of child abuse or neglect	<input type="checkbox"/> Other -

PARENT/GUARDIAN CONSENT FORM

The Liberty Partnerships Program will provide students with a range of services that are designed to improve current academic performance and the students' potential for success.

Student's Name: _____

I (We) _____ **request that my**
(Name of parent/guardian)

Son/daughter _____ **participate in the Liberty**
(Name of student)

Partnerships Program at Monroe Community College's Damon City Campus, 228 East Main Street, Rochester, N.Y. 14604.

I (We) authorize Liberty Partnerships Program staff to obtain and review school records so that appropriate support services can be planned for my child. I (We) understand that all information will be kept confidential. I understand that this consent is in effect for the duration of my child's participation in the program.

Signature

Date

Signature

Date