

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

_____7) Board hearing or contract completed

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**

2024-25 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 _____

Date Ending at AEC Safe School _____

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 or cparson@aecroe50.org 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 (9th Grade)

English 2 (10th Grade)

English 3 (11th Grade)

English 4 (12th 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:

1st _____ **2nd** _____

Signature of Person completing form

Title