

**Dear School Administrator,**

Thank you for your interest in the Alternative Education Center Safe School Program. To best support your student's success, we require information regarding their academic history and current needs.

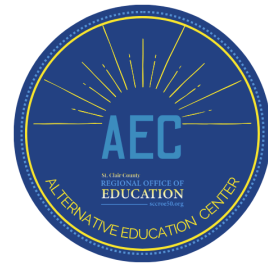
Please see the checklist below for the documents we need **prior to registering the student**. If you have any questions or need further information, feel free to contact us at **618-233-6874**.

Thank you for your cooperation and partnership.

Sincerely,  
The AEC Safe School Team

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

- ☐ Completed Referral Sheets (pgs. 2-4)
- ☐ Completed High School Classes Recommendations **Each Semester** of AEC Enrollment (pg. 4)
- ☐ Copy of Student's Discipline Report
- ☐ Copy of Current Grades (5th - 8th)
- ☐ Copy of Current High School Transcript (9th 12th)
- ☐ Copy of any applicable IEP or 504 Plan
- ☐ Copy of Board Hearing if Applicable



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

**2025-26 SY STUDENT REFERRAL FORM**

Referring School: \_\_\_\_\_ District: \_\_\_\_\_ Today's Date: \_\_\_\_\_

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

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

Home School Contact for Student Records: \_\_\_\_\_ Title: \_\_\_\_\_

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

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

**Student Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**D.O.B.** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Sex:** M F **Ethnicity:** \_\_\_\_\_

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

**Student State ID:** \_\_\_\_\_ **(ID Mandatory for Enrollment)**

1. **Guardian:** \_\_\_\_\_ **Relationship to Student:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Cell #** \_\_\_\_\_ **Email:** \_\_\_\_\_

2) **Guardian:** \_\_\_\_\_ **Relationship to Student:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Cell #** \_\_\_\_\_ **Email:** \_\_\_\_\_

3) **Emergency Contact:** \_\_\_\_\_ **Relationship to Student:** \_\_\_\_\_

**Cell #** \_\_\_\_\_

**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 summary of behaviors.**

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

Siblings Names: \_\_\_\_\_

**Length of Stay at AEC:**

Start Date \_\_\_\_\_

End Date \_\_\_\_\_

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

In Lieu of Expulsion Dates \_\_\_\_\_

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

**5-8 Grade Student - Date Completed or Required Date:**

IL Constitution/Date \_\_\_\_\_ Federal Constitution/Date \_\_\_\_\_ IAR/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 - Please Specify:**

Does the student receive services under an IEP or 504 Plan? YES or NO if **YES, Please Attach**

Student involved with any Social Service Agency? YES or NO

Student on Probation? YES or NO Name of Officer \_\_\_\_\_

**Please email completed referral to both [esackett@aecroe50.org](mailto:esackett@aecroe50.org) and [smotluck@aecroe50.org](mailto:smotluck@aecroe50.org).**

## High School Classes Recommendation

**One** recommendation form must be completed for **each semester** of **enrollment** at **AEC**.

**Student:**\_\_\_\_\_

**Grade:**\_\_\_\_\_

**Semester:**\_\_\_\_\_

**SY:**\_\_\_\_\_

**Please circle one from each subject. Students will not be enrolled until classes have been selected.**

<b>MATH</b>	<b>SOCIAL STUDIES</b>	<b>SCIENCE</b>	<b>SOCIAL STUDIES</b>
Pre-Algebra	English (9th Grade)	Biology	Civics
Algebra 1	English (10th Grade)	Earth Science	U.S. History
Algebra 2	English (11th Grade)	Physical Science	Consumer Education
Geometry	English (12th Grade)	Wildlife Biology	World Geography
Business Math			

### CREDIT RECOVERY

Accounting	Government	Health	Individual Reading
Keyboarding	Marketing	Psychology	Sociology

**MAKE-UP CREDIT CLASS(ES):**\_\_\_\_\_

Please list any course your **senior** still needs in order to graduate:\_\_\_\_\_

Grades 5–8 will take Character Ed, and high school students will take Human Relations and Communications. Students will be enrolled in up to 8 classes, including Co-Op if applicable.

**Signature of Individual Completing the Form**

**Title**

\_\_\_\_\_