

Dear School Administrator,

Thank you for your interest in the Alternative Education Center. 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



2025-26 SY AEC Student Referral Form

Today's Date: _____

Referring School District: _____ School: _____

Person Making Referral: _____ Title: _____

Phone: _____ Ext: _____ Email: _____

Referring Contact for Student Records: _____ Title: _____

Phone: _____ Ext: _____ Email: _____

Student Name: _____ **Grade Entering AEC:** _____

Student Address: _____ City: _____

D.O.B. _____ Age: _____ Sex: M F Ethnicity: _____

Siblings Names: _____

Student State ID: _____ **ID Mandatory for Enrollment**

Guardian One: _____ Relationship to Student: _____

Address: _____ City: _____ Zip Code: _____

Phone Number: _____ Email: _____

Guardian Two: _____ Relationship to Student: _____

Address: _____ City: _____ Zip Code: _____

Phone Number: _____ Email: _____

Reasons for Referral: **Please attach a list of office referrals and or summary of behaviors.**

- Academics Drugs/Alcohol Assault/Battery
- Fighting Truancy Weapon
- Theft Vandalism Gang Ideation
- Threats/Bullying Chronic Insubordination Destruction of Property
- Sexual Harassment/Language Other: _____

Actions taken by referring school to date: _____

Is the child being referred in lieu of expulsion?

Yes No

Does the student receive services under an IEP or 504 Plan?

Yes, IEP Yes, 504 No **If yes, attach a copy of the plan.**

If applicable, have the guardians been notified that AEC provides no IEP services?

Yes No

How long has the student been enrolled in your school district? _____

Is the student involved with any external agencies or service providers?

Yes No If yes, specify the agency: _____

Has the student been referred to our local ROE 50 Truancy Team?

Yes No If yes, date referred: _____

Is the student on probation?

Yes No If yes, Officer's name: _____

Length of Stay at AEC:

Start Date: _____

End Date: _____

Suspension Dates: _____

In Lieu of Expulsion Dates: _____

Expulsion Dates: _____

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

IL Constitution/Date _____ Federal Constitution/Date _____ IAR/Date _____

High School Student:

Credits Earned to Date: _____ Required Graduation Credits: _____

If Senior, Expected Graduation Date: _____

Referring Counselor/Social Worker: _____ Email: _____

Please email completed referral to both esackett@aecroe50.org and smotluck@aecroe50.org

High School Classes Recommendation

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

Student Name: _____

Grade: _____

Semester: _____

SY: _____

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

Math	English	Science	Social Studies
Pre-Algebra	English (9th Grade)	Biology	Civics/Gov't
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 courses student 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: _____