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

  *Please note that AEC does **not provide IEP or special education services** for students placed in the program. If a student with an active IEP is referred or placed at the AEC, the **home school district remains responsible** for ensuring that all required IEP services are implemented in accordance with state and federal special education regulations.*
- ☐ Copy of Board Hearing if Applicable

2026-27 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:_____