

Gateway Community School

REFERRAL RECOMMENDATION FORM



200 Horizon Circle
Camarillo, CA 93010
www.vcoe.org/gateway
Phone: (805) 437-1460
Fax: (805) 437-1493

Please send referral form and attached documents to AOsuna@vcoe.org

Referral Type CHECK ONE:	<input type="checkbox"/> Expulsion (Hearing complete, Stipulated Agreement) EC 48915(a)(c), EC 1981(a)	<input type="checkbox"/> Pre-Expulsion (Pending board hearing) EC 48915(a)(c), EC 1981(a)	<input type="checkbox"/> Involuntary Transfer (SARB recommendation; WIC 601, 602) 1981(b)(c), 1981.5	<input type="checkbox"/> Parent Request (Voluntary) EC 1981(d)
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PARENT/GUARDIAN (complete the following)

STUDENT NAME: _____ DATE OF BIRTH: _____ AGE: _____ GRADE: _____ GENDER: ☐ male ☐ female
 ADDRESS: _____ CITY: _____ ZIP: _____
 STUDENT PHONE #: _____ LANGUAGE PROFICIENCY: (circle one) EO ELL FEP RFEP
 LIST SCHOOLS ATTENDED: _____

☐ Mother NAME: _____ Home Phone: _____ Work Phone: _____
☐ Stepmother ADDRESS: _____
☐ Guardian
☐ Father NAME: _____ Home Phone: _____ Work Phone: _____
☐ Stepfather ADDRESS: _____
☐ Guardian

I hereby request that the Ventura County Office of Education and the Ventura County Probation Agency DETERMINE ELIGIBILITY of this student for participation in the county community school program.

PARENT/GUARDIAN SIGNATURE

STUDENT SIGNATURE

EDUCATIONAL BACKGROUND INFORMATION

Referrer: _____ Phone: _____ Fax: _____ Email: _____

SUMMARY (attached evidence to support interventions): _____

EXPULSION (attached evidence)

Has the student been expelled from the school/district of residence? ☐ Yes ☐ No
 If yes, what is the period of expulsion? ____/____/____ through ____/____/____
 Date of the expellable offense: ____/____/____
 Does the student have an expulsion hearing pending? ☐ Yes ☐ No
 Date of board hearing: ____/____/____

SPECIAL EDUCATION (attach evidence)

- Has the student ever been assessed for Special Education services? ☐ Yes ☐ No
- Has the student ever qualified for Special Education services? ☐ Yes ☐ No
- If yes to either question, please attach the most current IEP and Pysch Report.

ENROLLMENT OF STUDENT IS CONTINGENT UPON ACCEPTANCE AND APPROVAL OF THIS REQUEST BY THE COUNTY COMMUNITY SCHOOL

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REQUIRED ATTACHMENTS		INTERVENTIONS ATTEMPTED	
<input type="checkbox"/> Documentation of interventions <input type="checkbox"/> Transcript <input type="checkbox"/> All testing records (SBAC, CELDT, etc.) <input type="checkbox"/> Immunization records w/ Tdap <input type="checkbox"/> Discipline records <input type="checkbox"/> School attendance records	<input type="checkbox"/> Expulsion documents (if applicable) <input type="checkbox"/> Rehabilitation Plan to return to district (if applicable) <input type="checkbox"/> Most recent IEP (if applicable) <input type="checkbox"/> Most recent Psych Report (if applicable)	<input type="checkbox"/> Student Study Team <input type="checkbox"/> Opportunity Class <input type="checkbox"/> Continuation High School <input type="checkbox"/> SRO Conference/Citation <input type="checkbox"/> Parent Conferences <input type="checkbox"/> Student Assistance Program <input type="checkbox"/> Independent Studies	<input type="checkbox"/> Community Day School <input type="checkbox"/> SARB Contracts <input type="checkbox"/> Modified Schedule <input type="checkbox"/> Home Teaching <input type="checkbox"/> Restorative Justice Approaches <input type="checkbox"/> Counseling Services Provided <input type="checkbox"/> Community Counseling Service Referral
McKINNEY ACT Section 1981(d) of Education Code stipulates that the County Board of Education may enroll homeless children in a county community school. The student herein referred to Gateway currently meets one of the criteria listed in Education Code Section 1981.2 and the MKinney Act as a "homeless child."			
_____ VERIFICATION SIGNATURE		_____ DATE	
JUVENILE RECORD This information is being requested per the Ventura County Superior Courts T.N.G. Per that order, any information furnished by the Ventura County Office of Education will be held confidential. Please indicate if a student has been adjudicated of a serious crime (WIC 707b) per juvenile case information disclosure agreement 1987, which includes violent crime, weapons possession, major arson, explosives, drug sales, child molestation. Please send or attach Section 827 form. Please explain or attach summary of offense(s): _____			
PROBATION (For Gateway Use Only)			
<input type="checkbox"/> 300 <input type="checkbox"/> 601 <input type="checkbox"/> 602 <input type="checkbox"/> 654 Client#: _____ Probation Officer: _____ Comments: _____			
REFERRAL REVIEW & CERTIFICATION			
School District/SARB _____		_____ <small>PRINT NAME/TITLE</small>	
VCOE Representative _____		_____ <small>SIGNATURE</small>	
Probation Representative _____		_____ <small>DATE</small>	
_____ <small>PRINT NAME/TITLE</small>		_____ <small>SIGNATURE</small>	
_____ <small>DATE</small>		_____ <small>DATE</small>	
(Certificated Pursuant to Ventura County Juvenile Court Memorandum Dated August 2012)			

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