

ELECT Community Referral Form

Student Name: _____
(Last) (First) (MI) (Date of Birth)

Address _____
(Street) (City) (ZIP)

Telephone: () _____ () _____
(Home) (Cell)

Name of Parent(s)/Guardian(s): _____

Is student: PREGNANT TEEN PARENT / FEMALE MALE

Currently attending school?

YES School: _____ Telephone: () _____

School Counselor: _____ School Nurse: _____

NO Last grade completed: _____ Student interested in obtaining a G.E.D.? **YES** **NO**

Receiving services from community agency(s)? **YES** (list below) **NO**

(1) _____ (2) _____

(3) _____ (4) _____

(Signature of person completing form.) (Agency) () (Phone) (Date)

***YES* I would like an ELECT Social Worker to contact me with more information.**

(Student signature) () (Phone) (Date)

Please submit completed forms to:
Michelle Myers, ELECT Program Coordinator
michelle_myers@iu13.org

For more information, please visit:
www.iu13.org/elect