

SUTTER COUNTY SUPERINTENDENT OF SCHOOLS

Referral to Feather River Academy (FRA) and Pathways Charter Academy (PCA) County Community Schools

Phone (530) 822-2400 Fax (530) 822-3267

Student Name: _____ D.O.B.: _____ Perm ID # _____

Parent/Guardian: _____

Address: _____

Home Phone: _____ Cell: _____ Work: _____

District of Residence: _____ District of Attendance: _____

School presently attending: _____ Grade: _____

A meeting or meetings with the student, parent, appropriate site staff, appropriate district staff, and appropriate outside agency staff has taken place to discuss and determine the most appropriate educational setting.

a. Date(s) of Meeting: _____

b. Meeting Attendees: _____

Reason for Referral (Please check the appropriate boxes):

- a. ☐ Parent or Guardian Requested Enrollment
- b. ☐ Probation
- c. ☐ Expulsion: ☐ Per Ed Code Section 48915(c) ☐ Suspended Expulsion
☐ Other Expulsion _____ (Effective Dates _____)
- d. ☐ SARB
- e. ☐ Runaway/Homeless
- f. ☐ Other (please explain) _____

Additional Information (Attach *all* appropriate documentation):

- g. ☐ Expulsion/Suspended Expulsion/Other Contract and Rehabilitation Plan
- h. ☐ IEP
- i. ☐ 504 Plan
- j. ☐ SARB Contract
- k. ☐ SST Documentation
- l. ☐ Test Results (state assessments and district benchmark assessments)
- m. ☐ Language Documentation of EL/RFEP status and progress documentation
- n. ☐ Transcript/Drop Grades/Current classes
- o. ☐ Discipline Records
- p. ☐ Attendance Records
- q. ☐ Immunizations
- r. ☐ Other (please explain) _____

By submitting this referral form, the district approves the pupil's enrollment in a Sutter County Superintendent of Schools operated county community school.

Program Requested:

_____ FRA Classroom Grades 9-12

_____ PCA Independent Study Grades TK-5

_____ PCA Middle College

_____ PCA Independent Study Grades 6-12

Referring LEA Administrative Signature

Date