

STUDENT PARENTING PROGRAM

A County Assistance Office Contractor of Services, also known as ELECT Program.

Program Office: 816 Park Avenue North, Erie, PA 16502

Phone: (814) 874-6461

STUDENT REFERRAL FORM

FORM TO BE COMPLETED BY SCHOOL/ ORGANIZATION PERSONNEL
SCAN TO PARENTING@ERIESD.ORG

CONTACT INFORMATION

NAME OF STUDENT _____

NAME OF SCHOOL/GED _____ GRADE _____

HOME ADDRESS _____ APT. NO. _____ CITY/STATE _____ ZIP _____

PHONE _____ CELL _____ EMAIL ADDRESS _____

BIRTHDATE _____ AGE _____ SEX _____ RACE _____

COMPLETE RELEVANT INFORMATION BELOW

1. IS THE STUDENT POTENTIALLY **PREGNANT?** YES NO

IF YES: ► IS THERE A CONFORMATION OF PREGNANCY? YES NO Due Date _____
► HAS THE STUDENT BEEN TO A PHYSICIANS OFFICE? YES NO
► HAS THE STUDENT INFORMED THEIR PARENT/GUARDIAN YES NO

2. IS THE STUDENT A **PARENT?** YES NO

IF YES: ► CHILD'S NAME _____ DATE OF BIRTH _____ Gender _____

REFERRAL INFORMATION (PLEASE PRINT)

DATE _____ REFERRED BY _____ POSITION _____

ORGANIZATION _____ PHONE _____

Office Use ONLY:

DATE RECEIVED: _____ DATE OF STUDENT CONTACT: _____

CASEWORKER ASSIGNED: _____