



**NAACP Back to School/Stay in School
Student Referral Form**

(Forms to be distributed by BTS/SIS Local Coordinator to School Administrators)

Back to School Stay in School Site Location _____

Student's Name _____
(Last) (First) (Middle initial)

Social Security Number: _____ - _____ - _____ Date of Birth: _____
(optional)

Home Address _____

City: _____ State: _____ Zip: _____

Home Telephone Number: _____

School Name: _____

School Address: _____

Grade: _____ Age: _____ Race: _____ Gender: _____
(optional)

Current grades in the following subjects: (Please submit report card)

Math _____ Science _____ English _____ History _____

Extra-Curricular Activities _____

Awards and Honors Received _____

Number of times absent from school in previous quarter: _____

Number of times suspended from school in previous quarter: _____

Number of times expelled from school this quarter: _____

Reason for referral: _____