



STUDENT EXIT REFERRAL FORM

Please complete the following for students withdrawn from your school (other than for an indefinite suspension) with the recommendation that they attend Central Programs & Services:

School Name: _____

Student Name: _____

Grade: _____ Age: _____

Ministry Designation, if any: _____

Guardian names & phone #'s:

1. _____ Home # _____

Cell # _____ Work# _____

2. _____ Home # _____

Cell # _____ Work# _____

Main Reason(s) for withdrawal:

- ☐ Attendance
- ☐ Suspension
- ☐ Peer issues
- ☐ Drug and alcohol
- ☐ Mental health issues
- ☐ Student choice
- ☐ Other _____

Details:

Continuing Education • Distance Learning • Outreach

1825 Richter Street, Kelowna, BC, V1Y 2M8 • Phone: 250.870.5120 Fax: 250.870.5020
School District #23 (Central Okanagan)

Conditions for re-entry (be specific):

Note: CONDITIONS FOR RE-ENTRY MUST BE CLEARLY COMMUNICATED TO STUDENT AND FAMILY.

Support Services

Does this student receive support from:

- Child & Youth Mental Health Clinician? Name: _____
- Drug & Alcohol counselor? Name: _____
- Youth Worker? Name: _____
- Learning Assistance? Name: _____
- School Counselor? Name: _____
- First Nations Advocate? Name: _____
- Resource? Name: _____

**(Note: Consultation with and approval from Dr. Molloy is
required for students with a Resource designation)**

Please provide the following: (scan and send)

- I.E.P.
- BSP (116H and 117R)
- Psychological Assessment(s)
- Achievement testing (i.e. WJIII or other)

Case Manager: _____

Person completing this form: _____

Date withdrawn: _____ Date of this report: _____

Please inform parents to contact Central School to set up an intake meeting.

Please fax or e-mail this form and any other applicable data to Randy Horne, VP.