

**Tustin Unified School District
Tustin Connect
Alternative Education Referral**

Last Name:	First Name:	Grade:	ID#	Male	Female
Parent/Guardian			Student DOB:		
Address:		City:		Zip:	
Home Phone:	Work Phone:			Cell Phone:	

Referring School: (FROM): _____

Referred School: (TO): _____

Reason for Referral:

- Attendance _____
- Parent Request _____
- Personal/Home Problems _____
- Needs Flexible Schedule _____
- Other _____

Current Academic Status & Placement (or attach transcript)

Course or Subject	Grade

Special Education: YES NO

Active IEP*: YES NO

504 Plan: YES NO

Comments: _____

***The school must hold an IEP meeting to determine if Tustin Connect is the appropriate placement for a student prior to enrolling.**

iPad and Books Returned <input type="checkbox"/> YES <input type="checkbox"/> NO	Fines Cleared <input type="checkbox"/> YES <input type="checkbox"/> NO
Librarian/Media Tech Signature: _____	Date: _____

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Administrator Signature: _____ Date: _____