STUDENT REFERRAL FORM

1. To refer a student for services with the La Crosse Youth & Learning Center, please complete this form and submit via hard copy, e-mail, US mail or fax. Information can be found on our webpage: http://www.bo-chunknation.com/?PageId=517

2. Students are eligible for services if,
   a. Enrolled in a federally recognized tribe or,
   b. A parent or grandparent is enrolled in a federally recognized tribe, as defined in Elementary and Secondary Education Act, Title VII, Part A, Subpart I.

3. If you are unsure of student eligibility, please contact the La Crosse Youth & Learning Center.

Person making referral:   Date
School/Org:               Title:
E-mail Address:           Telephone Number:
Signature:

Student's Name:          Grade:     HP:  [ ] Yes   [ ] No   [ ] Unknown
School:                   Reason for Referral:  [ ] After School Programming
                          [ ] Academic Specify:
                          [ ] Behavior Specify:
                          [ ] Other Specify:

List current services student is receiving:  
Best time to work with student in school:   
Parent/Guardian Name:    Contact Info:

Date Received:  YS Assigned:  Date Assigned:
Service Requirements:  [ ] In School Tutoring  [ ] After School Program  [ ] Referral Services
                          [ ] Advocacy   [ ] Mentoring  [ ] Other:

Form 07/2012 - Student Referral Form

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La Crosse, WI 54601
808-736-1550 Tel/808-736-1490 Fax
Website: http://www.bo-chunknation.com/?PageId=517