

IU5 ELECT Program

Education Leading to Employment and Career Training

Program Office: 252 Waterford Street, Edinboro, PA 16412

Phone: (814) 734-8467 Fax: (814) 734-2306



STUDENT REFERRAL FORM

FORM TO BE COMPLETED BY SCHOOL/ORGANIZATION PERSONNEL.

SEND COMPLETED FORMS TO THE IU5 ELECT PROGRAM

ELECT@IU5.org

CONTACT INFORMATION

NAME OF STUDENT _____

NAME OF SCHOOL _____ GRADE _____

HOME ADDRESS _____ CITY/STATE _____ ZIP _____

PHONE _____ CELL _____ BIRTHDATE _____ AGE _____ SEX _____

COMPLETE RELEVANT INFORMATION BELOW

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

IF YES: ► IS THERE A CONFIRMATION OF PREGNANCY? YES NO Due Date _____

► HAS THE STUDENT BEEN TO A PHYSICIANS OFFICE? YES NO

► WERE THE FOLLOWING MATERIALS GIVEN TO THE STUDENT?

CONSENT FOR RELEASE OF INFORMATION

PARENT PERMISSION FORM

FREQUENTLY ASKED QUESTIONS

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

IF YES: ► CHILD'S NAME _____ CHILD'S DATE OF BIRTH _____ SEX M/F

► WERE THE FOLLOWING MATERIALS GIVEN TO THE STUDENT?

CONSENT FOR RELEASE OF INFORMATION

PARENT PERMISSION FORM

FREQUENTLY ASKED QUESTIONS

REFERRAL INFORMATION (PLEASE PRINT)

DATE _____ REFERRED BY _____ POSITION _____

ORGANIZATION _____ PHONE _____

EMAIL _____

PLEASE SEND COMPLETED FORM TO ELECT PROGRAM SPECIALIST

This program is funded through the obtainment of competitive grants.