



**REGIONAL ACHIEVEMENT ACADEMY
2021-2022**

Kathleen Miller, Principal

REFERRAL APPLICATION

Student Name: _____ Gender: M F Grade: _____

NJ Smart Identification # (10 digits) _____ Date of Birth: _____

District: _____ School Name: _____

Principal's Name: _____ School Address: _____

Name of School Contact Person: _____ Phone: _____ Fax: _____

Email: _____

Name of Parent/Guardian: _____

Home Address:

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Emergency Contact: _____

Address: _____ Phone: _____

Was the student suspended?

Date of Suspension: _____

Reason for Suspension: _____

Previous Suspensions & Reasons: (Please attach discipline record)

For Temporary Placement:

Program Start Date:

Program End Date:

Is the Student Classified?

Classification:

If yes, name of case manager: _____ Phone: _____

Fax: _____ Email: _____

Please provide RAA with IEP or 504

Are there any medical conditions or concerns? _____

Is the student on medication?

Does the student require medication during program hours?

If yes, we will need the prescription and the medication in a labeled container.

Will other support services be required?

Therapeutic Counseling

If yes, will student need individual, group, or both?

Substance Abuse Counseling

Drug Screens

If yes, give a brief description:

Email or fax completed referral application to the school as soon as possible with all records attached.

Please indicate which district representative(s) will be attending the intake.

Preferred date and time for intake: (1) _____ (2) _____

Program hours are from 8:30 a.m. – 1:00 p.m. For more information contact Kathleen Miller at 732-389-5555 ext. # 1030 or kniller@moesc.org

Signature of School Representative: _____ Date: _____