

## Referral Form – Advent Group Ministries FREMONT Site

---

Date of Referral:	
Student Name (Last Name, First Name):	
Student DOB:	
Student Phone #:	
Parent/Guardian Name:	
Parent/Guardian Phone #:	
Have Parents/ Guardian been notified about this referral? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Do Parents/ Guardian speak English? <input type="checkbox"/> YES <input type="checkbox"/> NO, language spoken _____	
IEP/ 504 Plan (indicate type):	<input type="checkbox"/> YES <input type="checkbox"/> NO      If YES: Type of Plan: _____
Probation Officer Name (if applicable):	
Probation Off. Phone # (if applicable):	
Referrer Name & Telephone #:	
Relationship of Referrer with Student:	
School Counselor Name & Telephone#:	
Reason for referral:	
Student's strengths: (Use page on the back if needed)	
<b>PLEASE INCLUDE a copy of Student's Facesheet (Infinite Campus), current class schedule and attendance records.</b>	

**Referral can be sent via any of the following:**

- A. Email [ejonathans@adventgm.org](mailto:ejonathans@adventgm.org) (without any referral info) to request an initial Secured-Email Portal (TigerConnect).**
- B. Fax: Advent Group Ministries – Roberto Ma, FAX# 408-281-2658**
- C. Hand in person to Edward Jonathans, Counselor at FUHSD.**

**- DO NOT send referral via email unless email system is secured -**

*This document may contain confidential and privileged material for the sole use of the intended recipient(s). Any review, use, distribution or disclosure by others is strictly prohibited. If you are not the intended recipient (or authorized to receive for the recipient), please contact Advent Group Ministries (408)281-0708. Any confidentiality or privilege is not waived or lost if this document has been sent to you by mistake.*

*Rev 9/2019*