
# ALAMANCE ACADEMY DAY

Division of Servant Leadership Alliance for Young Empowered Disciples [SLAYED] Inc.

## Alamance Academy Day – Student Referral Form

Confidential – For Referral and Care Coordination Purposes

Please complete this form to refer a student for consideration at Alamance Academy Day (AAD). Submission of this form does not guarantee enrollment. All referrals are reviewed to determine appropriateness of fit based on student needs and program capacity.

1. Referring Party Information

Name: _____ Title / Role: _____

Agency / Organization: _____

Phone Number: _____ Email Address: _____

Relationship to Student: _____

### 2. Student Information

Student Full Name: _____ Date of Birth: _____

Current Grade: _____ Current School (if applicable): _____

Student Home Address: _____

Parent / Guardian Name(s): _____

Parent / Guardian Phone: _____ Parent / Guardian Email: _____

### 3. Reason for Referral

Please describe the primary concerns or challenges prompting this referral (academic, behavioral, emotional, attendance, social, etc.):

_____

_____

## 4. Current Supports and Services (check all that apply)

[ ] Individual counseling
[ ] Family counseling
[ ] School-based supports
[ ] DSS involvement
[ ] DJJ involvement
[ ] Care coordination / case management
[ ] IEP
[ ] 504 Plan
[ ] Other (please specify):
_____

## 5. Clinical and Behavioral Considerations

Please note any diagnoses, behavioral concerns, or relevant history that would help determine program fit (attach additional documentation if available):

_____

_____

## 6. Safety Considerations

Are there any known safety concerns (e.g., aggression, elopement, self-harm, court orders)?

[ ] No
[ ] Yes (please explain):

_____

_____

## 7. Enrollment and Funding Considerations

[ ] Family is interested in private pay enrollment
[ ] Family plans to apply for NC Opportunity Scholarship
[ ] Funding source under exploration / unknown
[ ] Other (please specify): _____

## 8. Authorization and Consent

I confirm that the parent/guardian is aware of this referral and consents to being contacted by Alamance Academy Day for intake and enrollment discussions.

Referring Party Signature: _____ Date: _____

**Please submit completed forms and supporting documents to**:
Alamance Academy Day, 106 South Broad Street, Burlington, NC 27215
Attn: Virgilla Curmon, Director
virgilla@alamanceacademyday.org
Website: www.alamanceacademyday.org

Please Contact Virgilla Curmon at 336.343.3313 with any additional questions.