



City of Faith Christian School

Dr. Courton A. Reid
Director/Principal

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Recommendation/Referral

Name of Student: _____

Name and Address of last school or daycare: _____

Name and Telephone number of contact person: _____

Last date of attendance: _____

Reason(s) for leaving: _____

Parent(s) interaction with school or daycare: _____

Does this child exhibit any maladaptive behaviors that may interfere with the teaching/learning situation? _____

Does this child have an IEP? _____

Does this child have an open account with the referring school? _____

Signature of school or daycare official: _____ Date _____