

Newstart  
Referral Form

Referring School: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone (H): \_\_\_\_\_ (W) \_\_\_\_\_

Academic Information

| Credits | SOL                         | Courses needed for Graduation.  |
|---------|-----------------------------|---|
| _____   | English 9                   | _____   |
| _____   | English 10                  | _____   |
| _____   | English 11                  | _____   |
| _____   | English 12                  | _____   |
| _____   | Math _____                  | _____   |
| _____   | Math _____                  | _____   |
| _____   | _____                       | _____   |
| _____   | Earth Science               | _____   |
| _____   | Biology                     | _____   |
| _____   | Chemistry                   | _____   |
| _____   | _____                       | _____   |
| _____   | World History               | <div><b>Type of Referral:</b>    <b>Disciplinary Committee</b> <input type="checkbox"/><br/><b>Other:</b> _____ <input type="checkbox"/><br/><b>Number of Suspensions:</b>    <b>ISS</b> _____ <b>OSS</b> _____<br/><b>Type of Offense:</b> _____<br/><b>Notes:</b> _____<br/>_____<br/>_____<br/>_____<br/>_____</div> |
| _____   | World Geography             |   |
| _____   | VA & US History             |   |
| _____   | VA & US Government          |   |
| _____   | _____                       |   |
| _____   | Health & PE 9               | <b>Total Credits Earned</b>   |
| _____   | Health & PE 10              |   |
| _____   | Driver's ED                 |   |
| _____   | Arts _____                  |   |
| _____   | _____                       |   |
| _____   | _____                       |   |
| _____   | _____                       |   |
| _____   | <b>Total Credits Earned</b> |   |

Special Education ☐ yes ☐ no    If yes, classification: \_\_\_\_\_

**\* Attach transcript, current schedule, current grades, attendance reports, discipline reports and IEP if appropriate.**

Forward one copy to Supervisor of Compliance  
(Central Office) and one copy to Principal (DCCC).

Date Received: \_\_\_\_\_