JILL CHAIFETZ TRANSFER SCHOOL
A COMMUNITY SCHOOL IN PARTNERSHIP WITH BRONXWORKS

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778 Forest Avenue
Bronx, NY 10456

JILL CHAIFETZ TRANSFER SCHOOL
REFERRAL FORM

DATE: _____

PARTICIPANT FIRST NAME:_____ LAST NAME: _____

OSIS# _____ CURRENT GRADE:____ CURRENT # OF CREDITS: _____

DATE OF BIRTH:_____GENDER:_____ETHNICITY:_____

PARTICIPANT PRIMARY LANGUAGE:_____PRIOR HS CODE:_____

PARENT / GUARDIAN INFORMATION:

FIRST NAME: _____ LAST NAME:_____

ADDRESS:_____

HOME TELEPHONE #:_____ CELL# _____

GUARDIAN PREFERRED LANGUAGE:_____

PLEASE CHECK IF STUDENT IS:

IEP YES ____ **ELL** YES____ **504** YES____

NO ____ NO ____ NO ____

PLEASE CHECK THE REGENTS EXAMS THAT WERE PASSED:

ELA _____ GLOBAL _____ LIVING ENVIRONMENT _____

ALGEBRA _____ U.S. HISTORY_____ OTHER _____

REFERRING SCHOOL: _____

GUIDANCE COUNSELOR INFORMATION

FIRST NAME: _____ LAST NAME: _____

ADDRESS:_____

TELEPHONE:_____ FAX #_____

EMAIL_____