



# George Junior Republic UFSD

24 McDonald Road, Freeville, NY 13068 · <https://www.gjrufsd.org/> · 607.844.6365

## Referral for Day School Programming

Referring School District:	
Contact Person Name:	Title:
Email:	Phone:

### Student Information:

Name:		Date of Birth:	
Age:	Grade:	Diploma:	
Gender:		Race/Ethnicity:	
Address:			
Parent/Guardian Name(s):			Phone:
Special Education Classification:			
Medications:			
Agencies/Services Involved:			
Name of Current Placement:			

### Reason for Referral:

Please briefly describe why a referral is being made to the Day School Program.

### Attachments (check all that apply):

<input type="checkbox"/> Psychological Evaluation <input type="checkbox"/> Transcript <input type="checkbox"/> Most Recent Report Card/Progress Report <input type="checkbox"/> Individualized Education Plan <input type="checkbox"/> Behavior Intervention Plan <input type="checkbox"/> Health/Immunization Records <input type="checkbox"/> Psycho-Social Evaluations <input type="checkbox"/> Related Services Evaluation <input type="checkbox"/> Discipline Report
---

Referring Person's Signature:	
Title:	Date of Referral:

EMAIL REFERRAL AND ALL ATTACHMENTS TO: [gjr\\_day\\_school\\_admissions@gjrmail.com](mailto:gjr_day_school_admissions@gjrmail.com)