



Referral Form

Program		Date			
Student's Name		Grade	Age	M	F
Address (street)			Date of Birth		
Address (City, State, Zip)					
Phone		Alt. Phone		email	
Student currently lives with	Mother	Father	Both Parents	Foster Home	Guardian other:

Parent / Guardian / Emergency Contact

Parent / Guardian					
Address (street)					
Address (City, State, Zip)					
Phone		Alt. Phone		email	
Emergency Contact					
Address (street)					
Address (City, State, Zip)					
Phone		Alt. Phone		email	

School

School District	Public	Private	Alternative
Attended this school how long:	If less than a year previous school		

Health

Special Needs	no	yes (if yes, please specify)
Allergies	no	yes (if yes, please specify)
Medical Conditions	no	yes (if yes, please specify)
Known Diagnosis	no	yes (if yes, please specify)

Additional Information about the Student of Importance, please indicate below

Student's Strength:

Please list any areas of concern:

Programs please indicate what program the student may be interested in participating.

Please contact ARTS Engage! for additional information at 570.963.6590 ext.106
email arts-culture@lackawannacounty.org

Programs

- Creative and Performing Arts Academy of NEPA
- Scranton Cultural Center
- Everhart Museum
- United Neighborhood Centers

