



2800 S. Shepherd Rd. Mt. Peasant, MI 48858
989.775.4850 Fax: 989.775.4851

STUDENT REFERRAL FOR PARTICIPATION

Student Name: _____ Gender: _____ DOB: _____ Date: _____

Student Information

Home Address: _____ Home Phone: _____

Street _____ Cell Phone: _____

City _____ State _____ Zip _____

Age: _____ Grade: _____ Tribal Affiliation: _____

Parent/Guardian Information

Parent/Guardian Name: _____ Work Phone: _____

Street Address: (if different from student) _____ Cell Phone: _____

Referral Source (check)

- M.P. Middle School Shepherd Schools Other: _____
- Mary McGuire Renaissance PSA _____
- Fancher Saginaw Chippewa Academy _____

Teacher Name: _____ Phone/email: _____

Name of person making referral: _____ Phone/email: _____