



EDUCATION REFERENCE

Section 1 to be printed and completed by the parent/guardian; forward to your son’s school

For proper placement in our education program, provide the following:

Applicant’s name _____

Grade level _____

CONSENT

I, _____, (first parent) of _____ (applicant), consent to the release of a copy of my son’s education file to Rock Solid Refuge

Parent/Guardian Signature _____

Date _____

I, _____, (second parent) of _____ (applicant), consent to the release of a copy of my son’s education file to Rock Solid Refuge

Parent/Guardian Signature _____

Date _____

Please send this link for the *Education Reference* to your son’s school.

It is the responsibility of the parent/guardian to inform the applicant’s school that he will be attending Rock Solid Refuge School.

Send to

Rock Solid Refuge
Box 1622
Shaunavon SK S0N 2M0

applications@rocksolidrefuge.com
Fax: 306 297 3063
Phone: 306 297 3663

Office hours: Monday – Friday, 9:00 a.m. – 5:00 p.m.

EDUCATION REFERENCE (CONT)

Section 2 to be completed by your son's school

Reference for (Rock Solid Refuge applicant) _____

School name _____

Contact person _____ Position _____ Phone _____

Email _____

Last grade completed _____

Applicant's behaviour at school

	Yes	No	Unknown
Failing grades			
Truancy/poor attendance			
Language/disrespect			
Non-compliance			
Poor social or relational skills			
Drug/alcohol problems			
Threatening behaviour			
Depression			
Sexualized behaviour			
Oppositional/defiant behaviour			

Comments

After receiving the completed form, Rock Solid Refuge School will contact the school for further information.

School staff signature _____ Date _____