

Student Referral to C.B.I. Program Xenia High School

Please Print (Use blue or black ink)

Student Name: _____ Date _____

Address _____

City _____ Home Phone: _____

Age _____ Birth Date _____ Grade _____

Parents/Guardians: Mother _____ Father _____

Student current place of employment? _____

How long have you been employed? _____

Supervisor _____ Work phone number _____

Type of work? _____

Previous place of employment? _____

Supervisor _____ Work phone number _____

Reason for leaving? _____

Do you have your license? _____ A car? _____

Teacher references at Xenia High School

1. _____

2. _____

Explain why you want to be in the C.B.I. Program? _____

How many days did you miss last year? _____

If over 15 days, explain reason. _____

Parent/Guardian Signature: _____ **Date:** _____

Student Signature: _____ **Date:** _____