



**School Referral Form**

**Referral Date:**

**Location and Date of Incident:**

**Name and Position of Referring Party:**

**Incident Details**

<i>Name of Student(s) Involved:</i>	<i>DOB and Grade:</i>	<i>Email Address:</i>

Please list any teacher(s), staff, or other community member(s) involved:

<i>Name</i>	<i>Relationship:</i>	<i>Phone / Email:</i>

**Please briefly describe what happened:**

**What, if any, disciplinary actions have been taken by the school?**

**Is there a possibility of civil or criminal charges associated with this incident?**



**Contact information**

Please provide us the contact information for the family of each student involved. After we have reviewed the referral, we will contact the referring party to coordinate the case and get permission to contact the guardian(s) of the involved student(s) to explain the Restorative schools process and outline the process and expectations for participation.

**Contact information (use 1 line for each guardian)**

Student Name	Guardian Name	Guardian Phone & Email

**Response requested:**

ASAP

By this date:

Request FCRJ to join meeting at (date/time/location):

*We appreciate this referral to the Full Circle Restorative Justice (FCRJ) program. Please email this document to [nmillis@fullcirclerj.org](mailto:nmillis@fullcirclerj.org). We will reply within one business date of receipt to the contact listed at the beginning of this form. If you have any questions, please call Natalie Millis, at (719) 530-5597.*