



Student Referral Form

Please complete the application below. CHI Academy administration team will review the current Individualized Educational Program (IEP), 504 plan, medical records, and/or all relevant information to determine if CHI Academy, Change, Hope and Inspiration has a program to meet the needs of the student.

My Information

Name of Person Completing this Form *

First

Last

Relationship to Student

School District Info

School District Name *

District representative Name *

First

Last

District Representative Email *

District Representative Phone *

Student Info

Student First Name / Last Name *

First

Last

Student Grade *

Student Date of Birth *

Parent/Guardian Info

Parent/Guardian First Name / Last Name *

First

Last

Parent/Guardian Contact Phone Number *

Parent/Guardian Contact Email *

Parent/Guardian Physical Address *

Address Line 1

Address Line 2

City

Zip Code

Please Provide Additional Information About Your Student Here

Visual Text

Paragraph

IEP/504 Plan Documents *

Click or drag files to this area to upload. You can upload up to 3 files.

Please provide documents in PDF or Microsoft Word formats.

Optionally, Please Provide Eligibility, Transcript, or any Evaluations

Click or drag files to this area to upload. You can upload up to 3 files.

Please provide documents in PDF or Microsoft Word formats.

Submit