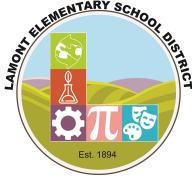


Lamont Elementary School District Parent Center



Date of Referral: _____

Parent's Name: _____

Contact Information: _____

Student's Name: _____

Student's Teacher/School Site: _____

Student's Grade: _____

Was parent informed of referral? Yes No

Please check which class or classes the parent is being referred to:

- ESL
- Computers
- GED
- Latino Family Literacy
- Parent Project Grades 5th -8th
- Loving Solutions K-4th
- Healthy Living



*Educating Parents,
A Child's Lifetime Teacher*

Please send all referrals to the Parent Center or send via email to amartin@lesd.us. Referrals may also be submitted via the district website.