



COASTAL HORIZONS CENTER, INC.

"Promoting choices for healthier lives and safer communities"

Brunswick County Schools Substance Use Policy Violation Referral To Coastal Horizons Center for Violating BC Board of Education Policy 4325

Parental signature required. This form is to be completed by the school administrator and faxed to John Dail @ (910) 202-0843. Please print clearly.

School: _____ Referral Date: _____ Occurrence date _____

Administrator/Contact: _____ Phone #: _____ ext. _____

Student Name: _____
FIRST MIDDLE LAST (JR/III)

DOB: _____ Grade: _____ Lives with Parent Guardian Other _____

Parent/Legal Guardian Name(s): _____

Address: _____ City _____ State _____ Zip _____

Phone: (home) _____ (work) _____ (other) _____

Nature of Violation: _____

This child:

- Is recommended for long term suspension yes no
- Has not also been referred to another agency, or
- Has also been referred to another agency (specify) _____.
- Does not have court proceedings pending, or
- Does have court proceedings pending: Teen Juvenile District/Criminal

By signing below, I acknowledge this school is referring the above named child to Coastal Horizons Center for an interview. I grant permission for the school to release any records necessary to complete this interview. I further understand that this interview will result in a recommendation for prevention/education or additional services and that participation and completion is expected.

_____ Accept Referral Do Not Accept Referral
Parental/Guardian Signature

Parent/Child are to contact John Dail (910) 202-0840 Office (910) 524-0331 Cell within 10 working days.