COASTAL HORIZONS CENTER, INC.
"Promoting choices for healthier lives and safer communities"

Pender County Schools Substance Use Policy Violation Referral
To Coastal Horizons Center for Violating PC Board of Education Policy 6429

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 not suspended, or
☐ Is suspended for _____ days; long term suspended? ☐ 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 within _____ working days and to have interview completed by _____.