



# Take Two Academy

## New Student Referral Form 2023-2024

611 Maxwell Street N.W., Ardmore, Oklahoma 73401

Phone: (580) 221-3037

Date: \_\_\_\_\_

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Home School \_\_\_\_\_

State Testing # \_\_\_\_\_ Current Grade \_\_\_\_\_ Ethnic Group \_\_\_\_\_

### Name and address of student's legal guardian:

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relation to student: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent email: \_\_\_\_\_

Is the student living with a legal guardian? Yes or No

McKinney Vento? Yes or No

If "No" with whom is student living with: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relation to student: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### **ALL INFORMATION IS NEEDED AND MUST BE COMPLETED PRIOR TO BEING ACCEPTED.**

#### Reason for referral :(Please Check)

\_\_\_\_ Excessive absences                      \_\_\_\_ Academic deficiencies                      \_\_\_\_ Parenting teen  
\_\_\_\_ Behavioral difficulties                      \_\_\_\_ Credit Recovery                      \_\_\_\_ Recovered dropout  
\_\_\_\_ Juvenile justice referral                      \_\_\_\_ Emotional/school adjustment (Explain) \_\_\_\_\_  
\_\_\_\_ Other (specify) \_\_\_\_\_

**Please provide information from the last semester student attended school.  
This information is used for state reporting and must be complete and accurate.**

Number of days absent (excused and unexcused combined) \_\_\_\_\_

Number of days in-school suspension \_\_\_\_\_ Number of days out-of-school suspension \_\_\_\_\_



**Take Two Academy**  
**New Student Referral Form 2023-2024**

611 Maxwell Street N.W., Ardmore, Oklahoma 73401  
Phone: (580) 221-3037

Name of Student \_\_\_\_\_ Homeschool \_\_\_\_\_

**CURRICULUM INFORMATION (Please fill out completely.)**

\_\_\_\_\_ College Prep Curriculum \_\_\_\_\_ OK State Curriculum

\_\_\_\_\_ Opt out Letter \_\_\_\_\_ ACT SCORES

**PLEASE CHECK ALL THAT APPLY TO STUDENT:**

\_\_\_\_\_ IEP \_\_\_\_\_ ELL \_\_\_\_\_ 504

If special education student, please indicate areas of disability \_\_\_\_\_

**ATTENTION:**

If student is designated as a Special Education Student, an IEP meeting **must** be held prior to referral/acceptance.

Date of IEP meeting: \_\_\_\_\_

Special Education Teachers Name: \_\_\_\_\_ Date: \_\_\_\_\_



# Take Two Academy

## New Student Referral Form 2023-2024

611 Maxwell Street N.W., Ardmore, Oklahoma 73401

Phone: (580) 221-3037

Name of Student \_\_\_\_\_ Homeschool \_\_\_\_\_

In case of disciplinary actions which result in termination of the student from Take Two Academy, the sending school understands they are the responsible educational facility for any additional intervention and/or modification.

### SIGNATURE OF OFFICIALS:

Principal \_\_\_\_\_ Date \_\_\_\_\_

Counselor \_\_\_\_\_ Date \_\_\_\_\_

Special Education Coordinator \_\_\_\_\_ Date \_\_\_\_\_

Take Two Academy Administration reserves the right to make the final decision regarding acceptance of any student referred.

\_\_\_\_\_  
Stephanie Hacker, Director  
Take Two Academy  
Date: \_\_\_\_\_

\_\_\_\_\_  
Jeri Kennedy, Assistant Principal  
Take Two Academy  
Date: \_\_\_\_\_

\_\_\_\_\_  
Tonya Tobey, Certified Committee Teacher  
Take Two Academy  
Date: \_\_\_\_\_

\_\_\_\_\_  
Regina Benson, Secondary Behavior Interventionist  
Date: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian  
Date: \_\_\_\_\_

\_\_\_\_\_  
Student  
Date: \_\_\_\_\_