



Dallas County Juvenile Justice Alternative Education Program School District Referral Form

Confidential

TO BE COMPLETED AFTER ALL FINAL EXPULSION HEARINGS:

A) Student Information

Last Name _____ First Name _____ M.I. _____ Grade _____ Age _____ Date of Birth _____ Sex _____
 Race: _____ African American _____ Hispanic _____
 _____ White, not of Hispanic Origin _____ American Indian or Alaska Native _____ Social Security Number (SS#) _____
 _____ Asian or Pacific Islander _____
 Current Address (please verify) _____ City _____ Zip Code _____ Current Phone Number _____
 Parent's/Guardian's Name _____ Work Phone Number _____

B) School Information

Student ID # _____ District Code 057-906 Home School District _____ Referring Campus _____
 Check If Appropriate:
 _____ Special Education _____ Section 504
 _____ Learning Disability (LD) _____ Other _____
 _____ Emotionally Disturbed (ED)
 _____ Other (Specify) _____

C) Offenses

Please select from the following offense Numbers:

<p>Offense Number _____ PEIMS Action Code - <u>02-</u> PEIMS Reason Code _____</p> <p>Mandatory Numbers:</p> <p>01 Weapons/Firearms 02 Weapons Other Than Firearms 03 Aggravated Assault 04 Sexual Assault 05 Aggravated Sexual Assault 06 Arson 07 Murder Offenses 08 Indecency with a Child 09 Aggravated Kidnapping 10 Felony Drugs 11 Retaliation against any employee or Volunteer (using any or a combination of any of the above codes)</p>	<p>Discretionary Numbers (From AEP):</p> <p>12 Serious Misbehavior 13 Persistent Misbehavior</p> <p>Title 5 Felony (Off Campus):</p> <p>DM _____</p>	<p>Discretionary Numbers (From Home School or AEP):</p> <p>14 Misdemeanor Drugs (including alcohol, abusable glue, aerosol paint, and volatile chemicals.) 15 Felony Criminal Mischief 16 Court Placement 17 Assault of Employee or Volunteer 18 Assault/Retaliation against Employee or Volunteer on or off Campus 19 False Report, False Alarm, or Terroristic Threat</p>
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Summary of Offense/Incident: _____

Name of Police Department Called: _____ Date Called: _____ Date of Offense _____
 Service Report # _____ Name of Reporting Officer: _____ Work Telephone Number: _____

D) Disposition/Expulsion Period

Date of Final Expulsion Hearing: _____ Expulsion Begins: _____ Expulsion Terminates: _____
 Hearing Officer _____ Position: _____
 Parent/Guardian Signature: _____ Parent/Guardian Signature: _____
 Others Present: _____ Others Present: _____

Fax to Dallas County Juvenile Justice Alternative Education Program
 Attn: Kim Foster/ Jennifer Paige (214) 637-6130