



## ELECT Student Referral Form

### Student Information

Date \_\_\_\_\_

Student Name \_\_\_\_\_

Student ID \_\_\_\_\_

Student School \_\_\_\_\_

Grade \_\_\_\_\_

Student Date of Birth \_\_\_\_\_

Email Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Alternate Phone Number \_\_\_\_\_

Are you currently pregnant? (Yes or No) \_\_\_\_\_

Are you currently parenting? (Yes or No) \_\_\_\_\_

If yes, How many children? \_\_\_\_\_

### Consent to be Contacted

I agree to be contacted by a member of the School District of Philadelphia's ELECT Program or one of their representatives. I have made this decision based on the information I have read in ELECT brochure. I understand that I may withdraw this consent at any time without penalty or negative consequences.

Student's Name (please print) \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

SDP Representative's Name (please print) \_\_\_\_\_

SDP Representative's Position (please print) \_\_\_\_\_

SDP Representative's Signature \_\_\_\_\_ Date \_\_\_\_\_

### For SDP ELECT Use Only

Date Received: \_\_\_\_\_ Date Contacted: \_\_\_\_\_

Enrolled (Yes/No) \_\_\_\_\_ Enrollment Date: \_\_\_\_\_

Referral may be emailed to [ELECTData@philasd.org](mailto:ELECTData@philasd.org) or faxed to 215-400-4278