



COMMUNITY CONFERENCING PROGRAM
Conflict Resolution Center of Baltimore County

SCHOOL REFERRAL FORM

School: _____

Date of Referral: _____

Student One:

Name _____

DOB/Grade _____

Parent(s)/Guardian _____

Address _____

Phone (Day) _____

(Eve) _____

email: _____

Student Two:

Name _____

DOB/Grade _____

Parent(s)/Guardian _____

Address _____

Phone (Day) _____

(Eve) _____

email: _____

**If additional students are involved in or affected by this incident, please provide their contact information (as above) on a separate page.*

Date and place of incident: _____

Brief description of incident or situation, disciplinary action taken, etc: _____

Person making referral: _____

Phone number: _____

Position at school: _____

Email: _____

PLEASE NOTE: A school staff person familiar with this incident must be available to CCP should further information be needed. Please provide their name and phone number below:

School Contact: _____

Phone number: _____

Email address: _____

Questions?? Call (410) 663-7070

INSTRUCTIONS: Please fax completed referral form to Community Conferencing Project at (410) 663-7008 or email mfae@crcbaltimorecounty.org or jbayer@crcbaltimorecounty.org.