



VANCE COUNTY SCHOOLS
 DR. CINDY BENNETT, SUPERINTENDENT
THE C.L.I.M.B CENTER
"Students Learning to Improve and Manage Behaviors"
 (252) 492-2127 Ext: 2102

CLIMB CENTER PROGRAM REFERRAL FORM:

SCHOOL LOCATION:

- | | | | | |
|---|---|--|--|---|
| <input type="checkbox"/> Aycock Elementary | <input type="checkbox"/> Carver Elementary | <input type="checkbox"/> Clarke Elementary | <input type="checkbox"/> Dabney Elementary | <input type="checkbox"/> EO Young Elementary |
| <input type="checkbox"/> E M Rollins Elementary | <input type="checkbox"/> E O Young Elementary | <input type="checkbox"/> L B Yancey Elementary | <input type="checkbox"/> Pinkston St. Elementary | <input type="checkbox"/> Zeb-Vance Elementary |

STUDENT INFORMATION:

Student Name: _____ Date: _____

Student Address: _____ Student Grade: _____

City/Township: _____ Student Age: _____

Phone Numbers: _____, _____, _____ Student Gender: _____

Student suspended for _____ days and is being **referred to THE C.L.I.M.B. CENTER** EC Student: _____

Student receives **medication** Yes: _____, No: _____ Nurse at the CLIMB Center will be notified. IEP or 504: _____

PARENT INFORMATION:

Parent/ Guardian Name: _____ Mother: _____

Student lives at this Address: _____ Father: _____

I understand that my student violated the Vance County School Code of Conduct and is being given the option to continue his/her education at the C.L.I.M.B. CENTER located on the campus of EM Rollins 1600 South Garrett St. Henderson, NC 27536 (252) 438-8336.

I understand that It is my responsibility to provide transportation to and from the C.L.I.M.B. Center as a part of my (Family Engagement) and that my student can't ride the school bus due to his/her suspension. Classes will begin (8:30am) and students can be picked up between (2:15pm & 2:30pm).

I understand that my student will receive an education according to their grade level and some Social Emotional Support through the assistance of a Vance County Schools; Behavioral Support Specialist, School Counselor and other related student support staff.

I understand that my student will receive breakfast and lunch will be provided each day and any additional teaching materials needed such as computers, Lap-tops, I-pads and journal.

I understand that while my student is enrolled in the C.L.I.M.B. Center Program he/she must abide by the Vance County Schools Code of Conduct and can be expelled from the program at anytime the Program Director consider his/her behavior to be disruptive and uncontrollable.

Principal Signature: _____ Parent Signature: _____