

**Midwestern Intermediate Unit IV
ELECT Parenting
School Referral Form**

Please complete the following:

Date: _____

School District or Cyber School: _____

Name of Student: _____

Student's Address: _____

Current Grade Level: _____

Current status of the student: Pregnant Parenting

- If currently pregnant, what is the student's due date: _____

- Has student provided verification of pregnancy? _____

Name of the Referral Source: _____

Position: _____

Signature of Building Principal: _____

Please include a copy of the student's school schedule & transcripts.

Please remit to:

MIU4—ELECT Program
453 Maple Street
Grove City, PA 16127
elect@miu4.org
or contact: Stacey DeFiore
724-458-6700 ext. 1263