



KISR! ENRICHMENT ACTIVITIES REFERRAL



Please forward this Referral Form to (513) 281-0208 (Fax) or Email: kschiltz@abccincy.org
If you need to speak to us, please call Kaitlin Schiltz at (513) 281-9870 (ext. 110)

Student Information:

Name: _____ DOB: _____ Age: _____ Gender Identity: _____

School: _____ Grade: _____ Referral Date: _____

Address Where Student Currently Lives : _____

Phone Number(s) Where Student Can Be Reached (check the "texts" box if the student receives texts at these numbers):

(____) _____ texts (____) _____ texts Student E-mail Address: _____

Emergency Contact Name/Relationship: _____ Emergency Contact Phone: (____) _____

Other Information:

Person Making this Referral: _____ Phone/Email: _____

Caseworker Name: _____ Phone/Email _____

GAL Name: _____ Phone/Email: _____

Caregiver Name: _____ Phone/Email: _____

Caregiver has been made aware of this referral: Yes No

Periodic progress reports on enrichment activity should go to: Caregiver Caseworker GAL Other _____

If child is in high school, s/he is capable of using Metro: Yes No

Does child have medical condition(s)/special need(s)/allergies? No Yes, _____

Is child currently participating in any enrichment activities? I don't know No Yes, _____

Has child participated in any enrichment activities in the past? I don't know No Yes, _____

I am not a primary decision maker for this student. *If checked, provide name & contact information for person(s) with legal custody/decision-making rights:* _____

Enrichment Activity Selection:

Select up to five enrichment activities that interest child, rating them as **1** (1st choice), **2** (2nd choice), **3** (3rd choice), **4** (4th choice), and **5** (5th choice). Every effort will be made to accommodate child's first choice.

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Art _____ | <input type="checkbox"/> Dance _____ | <input type="checkbox"/> Photography | <input type="checkbox"/> Track & Field |
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Film-making | <input type="checkbox"/> Quilting | <input type="checkbox"/> Tutoring _____ |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Football | <input type="checkbox"/> Sewing | <input type="checkbox"/> Voice |
| <input type="checkbox"/> Bowling | <input type="checkbox"/> Golf | <input type="checkbox"/> Soccer | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Boxing | <input type="checkbox"/> Lacrosse | <input type="checkbox"/> Softball | <input type="checkbox"/> Work _____ |
| <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Martial Arts _____ | <input type="checkbox"/> Swimming / Diving | <input type="checkbox"/> Wrestling |
| <input type="checkbox"/> Cross Country | <input type="checkbox"/> Mentoring | <input type="checkbox"/> Tennis | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Coding | <input type="checkbox"/> Music _____ | <input type="checkbox"/> Theater _____ | <input type="checkbox"/> Other _____ |

I would like to enroll this student in an activity that is: (select ALL that apply)

- ONLY offered by their school I am open to different vendors and locations
 ONLY located at their school Preferred vendor distance from my home: < 5 mi 5-15 mi 15+ mi

Please share any additional details you feel are related to this child participating in enrichment activities:

Revised 4Jan22

Signed Release: ABC needs a signed release before we can initiate activities.
Please complete and sign the release form on the next page and return it with the referral form.



PERMISSION TO RELEASE RECORDS AND INFORMATION

1. I give my permission to any authorized staff member with Activities Beyond the Classroom to obtain information, examine, and make copies of all documents, reports, or records about _____ kept by Cincinnati Public Schools.
This includes information deemed confidential.
2. I hereby direct Cincinnati Public Schools to release to Activities Beyond the Classroom the information, documents, reports, or records that Activities Beyond the Classroom requests.
3. A photocopy of this Permission to Release records and Information form may be used instead of the original.
4. This permission lasts for **one year** after I sign this form.

Date

Signature of Representative of Custodial Agency

Child's School

Print Name

222 East Central Parkway

Street Address

Child's Grade

Cincinnati, OH 45202

City, State, Zip Code

Child's Date of Birth

Shaded section below to be completed by Activities Beyond the Classroom Staff

ACTIVITIES BEYOND THE CLASSROOM by:

Authorized Staff (signature)

Authorized Staff (print Name/Title)

Date