



Parent SMART - Where Parents are at the Heart of Education

Rock Hill Schools – Parent Education Partnership

Phone: 803.981.1557 – Fax: 803.981.1906

ParentSMART Referral Form

Date: _____

**** Families with children (Prenatal – 5 years of age) are eligible. *Please list children youngest to oldest.***

Parent's Full Name: _____ Birth Date MM/DD/YY: _____

Child's Full Name: _____ *Birth Date MM/DD/YY: _____

If Expecting: – Expected Due Date MM/DD/YY: _____

All Siblings: Name: _____ *Birth Date MM/DD/YY: _____

Name: _____ *Birth Date MM/DD/YY: _____

Name: _____ *Birth Date MM/DD/YY: _____

Address: _____ Apt. #: _____ Zip 297 _____

Elementary School Zone: _____

Email Address: _____ @ _____ . _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Native Language: English / Spanish / Other _____

Education Level of Mother: High School: Y/N GED: Y/N College: Y/N

If NO HS Diploma or GED – Would you be interested in finding out how to get a GED or HS Diploma?: Y/N

Last School Attended: _____ Highest Grade Level Completed: _____

*****In order to better assist you and your family, we need to learn more about the services you are currently receiving.***

**Special Needs:

BabyNet: Y/N Disabilities: Y/N Single Parent: Y/N Father Involvement: Y/N Teen Parent: Y/N

1st Child: Y/N Medicaid: Y/N Other: _____

Do you have any concerns about your child's development? _____

Please register for (circle all that applies):

Home Visits: Y/N Preference for Appointment Time: _____

Teen Client: Y/N First Steps Voucher Application: Y/N

Family Literacy: AE: Y/N ESL: Y/N

Needs Transportation: Y/N Needs Childcare: Y/N

ParentSmart & Me Classes: Y/N

Newsletter: Y/N Resource Center: Y/N Parenting Piece by Piece: Y/N

Referral Received From: _____

Person Receiving Information: _____

For Office Use Only

PENELOPE – Case ID: _____ **Parent ID:** _____ **Child ID:** _____ **Child ID:** _____

Parent Educator Assigned To: _____

Date Assigned: _____ **Date Enrolled:** _____