

Rock Hill Schools – Parent Education Partnership

ParentSMART Referral Form		Date:	Date:	
* Families with childre	<u>n (Prenatal – 5 years of age) are</u>	eligible. *Please list childre	<mark>n youngest to oldest.</mark>	
Parent's Full Name:		Birth Date MM/[	Birth Date MM/DD/YY:	
Child's Full Name:		*Birth Date MM/	*Birth Date MM/DD/YY:	
If Exp	pecting: – Expected Due Date	e MM/DD/YY:		
All Siblings: Name:		*Birth Date MM/	*Birth Date MM/DD/YY:	
Name:		*Birth Date MM/	*Birth Date MM/DD/YY:	
Name:		*Birth Date MM/	*Birth Date MM/DD/YY:	
Address:		_Apt. #:	Zip 297	
	Home Phone:			
	Spanish / Other			
Education Level of Mother:	High School: Y / N GED: Y /			
If NO HS Diploma or	GED - Would you be interested in	n finding out how to get a GED	or HS Diploma?: Y / N	
Last School Attended:	Hig	hest Grade Level Complet	ed:	
**In order to better assist y	ou and your family, we need to l	earn more about the services		
**Special Needs:				
BabyNet: Y/N Disabilities:	Y/N Single Parent: Y/N Fa	ather Involvement: <u>Y / N</u> T	een Parent: Y/N	
1st Child: Y/N Medicaid:	Y/N Other:			
Do you have any concerns	about your child's developm	ent?		
Please register for (circle all	that applies):			
Home Visits: <u>Y / N</u>	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/I	Needs Childcare: Y/N		
ParentSmart & Me (	Classes: <u>Y / N</u>			
Newsletter: Y/N	Resource Center: Y/N	Parenting Piece by Piec	ce: <u>Y / N</u>	
Referral Received From:				
	on:			
	For Office	Use Only		
	Parent ID:			
Parent Educator Assigned To:				
Date Assigned:		Date Enrolled:		

Phone: 803.981.1557 - Fax: 803.981.1906