



Adelphoi Promise Referral Form

Return Completed Form to: Brooke Pierce, Adelphoi Promise Administrator
brooke.pierce@ketterercharter.org Phone- 724-804-7039 Fax- 724-537-9114

Date:

Referral Source:

Contact Name

Name:

Mailing Address:

City, State, Zip:

Home Phone :

Cell Phone:

Alternative Phone:

Who:

Date of Birth:

Email Address:

Parent/Guardian Name :

Reside with Parent: Yes No

Parent Contact Info:

Additional Information:

Obstacles or Concerns:

Adelphoi/RKCS Program:

Dates of Enrollment:

Successful completion of Program:

Community College of Interest:

Campus:

Anticipated Starting Semester:

Major:

High School Diploma from where?

(attach copy of diploma and transcripts)

GED completion date:

(attach scores from test)

Probation Officer :

County worker:

Contact Info:

Other Info Critical for Success: