

**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 along with the
School Referral Form.**

Please remit to:

Ms. Sandy Seltzer
MIU4—ELECT Program
453 Maple Street
Grove City, PA 16127
Fax: 724-458-5083 or sandy.seltzer@miu4.org