

CODE: JICH-E1

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**Alternative to Suspension Referral Form**

The Kittery School Department is referring \_\_\_\_\_

to the York Hospital Cottage Program for the following reasons:

\_\_\_\_\_ Possession

\_\_\_\_\_ Positive findings on assessment

Parent Permission:

I agree to contact the York Hospital Cottage Program, a Substance Abuse Program, for services for my child and give permission for the school nurse and/or guidance to communicate with the York Hospital Cottage Program personnel.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

To schedule an appointment, please call  
York Hospital Cottage Program  
351-2118.

**Please bring this form to your appointment.**