

CODE: JICH-E1

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.