



Longmore Academy
521 Route 228 Mars, PA 16046
Office 724-625-1140 Fax 724-625-7976
www.mhyfamilyservices.org

Longmore Academy Referral Form

Date of Referral: _____

Program: ___ Short Term Placement ___ Special Ed. Services ___ Life Skills ___ Emotional Support

Student Information

Name: _____ Preferred Name: _____

Student Current Address: _____

Date of Birth: _____ Age: _____ Race: _____ Grade: _____

Social Security Number _____ CYF or Probation Involvement _____

Parent/Caregiver Information

Name: _____ Phone: _____

Address: _____

Email address: _____ Do you have custody: Y or N

Name: _____ Phone: _____

Address: _____

Email address: _____ Do you have custody: Y or N

School Information

Current School: _____ Residing School District: _____

School Contact: _____ Phone number: _____

PA Id Number: _____ Email: _____

Primary Disability Category: _____ Date of IEP: _____ Date of ER/RR: _____

Reason for Referral and School District Expectations for Return

Expected Length of Stay _____

Current Medical Information

