



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

Longmore Academy Referral Form

Date of Referral: _____

Program: General Education Special Education

Support: Autistic Life Skills Emotional Support Learning Support Multi Disability

Student Information

Name: _____ Preferred Name _____

Student Current Address: _____

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

PA Id Number: _____ CYF or Probation Involvement: _____

Current School: _____ Residing School District: _____

School Contact: _____ Phone Number: _____

Primary Disability Category: _____ Secondary Disability Category: _____

Date of IEP: _____ Date of ER/RR: _____ Date of FBA: _____

Parent/Guardian Information

Name: _____ Phone: _____

Address: _____

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

Name: _____ Phone: _____

Address: _____

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

Reason for Referral and School District Expectations for Return

Short Term Placement: Y or N

Current Medical and Diagnosis Information

