



Rock Hill Schools – Parent Education Partnership

Phone: 803.981.1557 – Fax: 803.981.1906

# Referral Form

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



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***For Office Use Only***

**PENELOPE – Case ID:** \_\_\_\_\_ **Parent ID:** \_\_\_\_\_ **Child ID:** \_\_\_\_\_ **Child ID:** \_\_\_\_\_

**Parent Educator Assigned To:** \_\_\_\_\_

**Date Assigned:** \_\_\_\_\_ **Date Enrolled:** \_\_\_\_\_