



Referral for Help Card

Student Name:	Student ID (If available):
Student's School:	Student Contact Information: (optional)
Your Name: (optional)	Your Relationship to Student: (optional)
Your Contact Information: (optional)	
Please Describe your concern:	

Please submit this card to a staff member at any of our schools.

*If this is an emergency – or for additional support – call the suicide and crisis lifeline: **988***



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