



Referral for Help Card

Student Name:	Student ID (If available):
Student's School:	Student Contact Information: <i>(optional)</i>
Your Name: <i>(optional)</i>	Your Relationship to Student: <i>(optional)</i>
Your Contact Information: <i>(optional)</i>	
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***