



Rock Hill Schools – Parent Education Partnership

Phone: 803.981.1557 – Fax: 803.981.1906

Referral Form

Date: _____



For Office Use Only

PENELOPE – Case ID: _____ **Parent ID:** _____ **Child ID:** _____ **Child ID:** _____

Parent Educator Assigned To: _____

Date Assigned: _____ **Date Enrolled:** _____