

Jordan School District
High School Referral
Improving Anger Control Course

Student's Name _____ Birth Date _____ Male Female

Address _____ City _____ Zip Code _____

Home Phone _____ Mother _____ Father _____

Administrator _____ School _____ Grade _____

Reason for Referral

The Jordan Family Education Center will notify you after the above student has completed the class. If you have any questions, please contact the Jordan Family Education Center (801-565-7442).

Signature

Date

Distribution of Copies: Jordan Family Education Center, Parent, School, File