



CITY OF BUCKEYE
FIRESSETTER PREVENTION PROGRAM
SCHOOL REFERRAL FORM

Date: _____

Referring School: _____ School District: _____

School Address: _____ City: _____ Zip: _____

Referrer's Name: _____ Phone: _____ Fax: _____

Juvenile Information:

Name (Last, First, Middle): _____ D.O.B: ____/____/____

Sex: M F Ethnicity: Caucasian African American Hispanic Asian Native American Other _____

Age: _____ School: _____ Grade: _____

Home Address: _____ Phone: _____ - _____ - _____

Does child have A.D.D., A.D.H.D., or other mental health diagnosis? _____

Legal Guardian Information:

1. Parent/Guardian Name: _____ Relationship: _____

Home Address: _____

Phone: H () _____ W () _____

2. Parent/Guardian Name: _____ Relationship: _____

Home Address: _____

Phone: H () _____ W () _____

Fire Incident Information:

Location of Incident: _____ Date: _____ Incident #: _____

Was the parent / guardian notified? Y N Was school counselor notified? Y N Name: _____

Were the others referred to the Firesetter Program? Y N Was School Resource Officer notified? Y N Name: _____

Was incident reported to the appropriate agency? Y N Agency Name: _____

Did either public safety agency respond? Y N If yes, select which agency responded. Police Department Fire Department

What was used to start the fire? (matches, lighter, etc) _____ How did the child obtain these items? _____

Was child alone or with others in the fire incident? (If not alone, list additional names) _____

How was the incident brought to attention at school? _____

What type of disciplinary action will the child receive? _____

Is mandatory attendance at a Firesetter Program part of the disciplinary action? _____

Signature of School Official Making Referral: _____

I am the parent/legal guardian of _____ and I give permission for _____
School to release this information for the Buckeye Fire Department, for enrolling my child in the Youth Firesetter Program.

Parent / Legal Guardian Signature

Date