



**Big Brothers Big Sisters of the Upstate**  
**School Referral Form**

Student's Name \_\_\_\_\_ Age \_\_\_\_\_

Gender \_\_\_\_\_ Race \_\_\_\_\_

School \_\_\_\_\_ Teacher's Name \_\_\_\_\_ Grade \_\_\_\_\_

Parent's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

The child is being referred for assistance in the following areas:

- School performance       Classroom behavior       Low self esteem       Other

Comments: \_\_\_\_\_

\_\_\_\_\_

In what specific ways do you think a Big Brother or a Big Sister can help this child? \_\_\_\_\_

\_\_\_\_\_

Other Comments: \_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Position at School \_\_\_\_\_

**Big Brothers Big Sisters of the Upstate**  
**620 North Main St Suite 102**  
**Greenville, SC 29601**  
**864. 242.0676 office**  
**864.242.0679 fax**

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