



A 501(c)(3) Nonprofit  
Organization

# SCHOOL COUNSELOR PARTNERSHIP

A Program of Family Fuel, Inc.

## Family Referral Form

Parent / Guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Other Significant Caregivers Name(s): \_\_\_\_\_

School Personnel Making Referral: \_\_\_\_\_

School: \_\_\_\_\_ Date of Referral: \_\_\_\_\_

I understand that the school (stated above) is recommending this referral and is working in collaboration with the nonprofit organization, Family Fuel, Inc.

I understand that by signing this I will release my name and contact number to Family Fuel so they can offer low-cost educational services to my family. I also understand that my information will not be shared.

Parent signature: \_\_\_\_\_

School personnel signature: \_\_\_\_\_

1. Fill out this form with referred parent / guardian
2. Both parties sign
3. E-mail [info@familyfuel.com](mailto:info@familyfuel.com) to inform of the referral
4. Fax this signed referral form to 805-962-0098
5. Give parent / guardian registration form with class schedule
6. Make a plan for classes to attend (10 hour seminar, plus 3 additional topics)
7. Parent / guardian mail registration form and \$10 check or money order to:  
Family Fuel, 1117 Harbor Hills Dr., Santa Barbara, CA, 93109

Family Fuel will contact both the parties listed above by e-mail or phone upon receiving this referral.  
We look forward to partnering with you for success!