Rock Hill Schools – Parent Education Partnership	Phone: 803.981.1557 – Fax: 803.981.1906	
Parent SMART Referral Form	Date:	
* Families with children (Prenatal – 5 years of age) are eligible.	*Please list children youngest to oldest.	
Parent's Full Name:	Birth Date MM/DD/YY:	
Child's Full Name:	*Birth Date MM/DD/YY:	

For Office Use Only				
PENELOPE – Case ID:	Parent ID:	Child ID:	Child ID:	
Parent Educator Assigned To:				
Date Assigned:		Date Enrolled:		
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