



**Baldwin County Public Schools  
Chemical Abuse Prevention Program  
Student Referral**

Student Name:	Date:	Grade:
School:	Referring Administrator:	
Parent:	Administrator's Phone Number:	
Address:	Parent's Phone Number:	
First Time Violation for:	Notes on Incident:	

Students found to possess, obtain, use, consume, or be under the influence of alcoholic beverages, illegal drugs, prescription drugs (unless in accordance with Board policies and procedures), and/or drug/alcohol paraphernalia as described in Board Policy 920 are in violation of the policy.

For the **first** violation of this policy, the school principal or designee shall:

1. Immediately suspend the student from attending regular classes and school activities. The student shall be provided due process. Unless otherwise provided in the policy, the suspension may range from a minimum of five days and not exceed nine (9) days.
2. Notify the parent/guardian as soon as possible.
3. Notify appropriate law enforcement officials.
4. Inform the parent/guardian of the requirement to successfully complete the Baldwin County Public Schools Chemical Abuse Prevention Program (CAPP) for the **first** offense to this policy.
5. Complete the referral form and forward it to Prevention & Support Services.
6. Once the CAPP referral has been accepted, the school administrator must inform the parent/guardian and student of CAPP details including time, location, requirements, and consequences of not attending. Failure to successfully complete all five sessions of CAPP will result in an additional three day suspension.
7. CAPP attendance is in addition to the suspension for the first offense.

**Note: Students who commit second and subsequent offenses are not eligible to attend CAPP.**

The CAPP Program will be held at the C.F. Taylor Building (19150 Wilters Street, Robertsdale) on Tuesday evenings from 5:30 – 7:30 p.m. **Registration starts at 5:00 and the classes start at 5:30.** The student and a parent or guardian must attend each of the five sessions to successfully complete the program.

**For Office Use:**

CAPP Referral Accepted:    Yes    No	Start Date: