Curry County Juvenile Department

94235 Moore Street, Suite 231 Gold Beach, Oregon 97444

Jonathan J. Trost, Director



Drug, Alcohol, or Tobacco Education Class Referral

Date:		
Name of Youth being referred: _		
School:	Grade:	DOB:
Youth's Mailing Address:		
Youth's Physical Address:		
Youth Home Phone #:	Parents Work/Cell Phone #:	
Parent/Guardian Names:		
Reason for Referral:		
Special time frames or requiremactivities or unusual circumstance		
Have parents been informed of r	eferral?	
Person making this referral:		_ Phone #
FEES Drug, Alcohol & Tobacco Educa	tion Class fee is \$50 (4 h	nours)
Please fax to 541-247-5000 or re Department, at the above address	•	the Curry County Juvenile
Students will be advised as to th community.	e date and time of the ne	ext education class in their

Main Office: (541) 247-3302 ■ Toll Free: (877) 739-4254 ■ Facsimile: (541) 247-5000