



# Phoenix Center

Prevent • Treat • Recover

## SC Tobacco Education Program Referral Form

**TEP Registration fee - \$25**

**Date of Referral:** Select date.

**Select Grade:**

6<sup>th</sup>  7<sup>th</sup>  8<sup>th</sup>  9<sup>th</sup>  10<sup>th</sup>  11<sup>th</sup>  12<sup>th</sup>

**Student's Name:** Click here to enter name.

**Phone:** Click here to enter phone number.

**DOB:** Click here to enter DOB.

**Address:** Click here to enter address.

**School:** Click here to enter school.

**Parents/Guardians:** Click here to enter name(s).

**List name and address/school of referral source:**

Click here to enter text.

**Reason for Referral:**

Click here to enter text.

**Return Completed Referral Form by e-mail or mail to:**

Attn: **Amanda Davis**  
P.O. Box 1948  
Greenville, SC 29602

Phone: (864)467-2744  
E-mail: [abertsch@phoenixcenter.org](mailto:abertsch@phoenixcenter.org)



SC Tobacco Education Program