

Hansen School District No. 415

STUDENTS

3040F2

SCHOOL TRUANCY REFERRAL FORM

PART I:

Student _____,
(last name) (first name) (middle name)

Grade: _____ Age: _____ DOB: _____

Sex: _____ Race: _____ Language: _____

Mother's Name: _____ DOB: _____

Phone: _____ Wk. Phone: _____

Address: _____ City: _____ Zip: _____

Father's Name: _____ DOB: _____

Phone: _____ Wk. Phone: _____

Address: _____ City: _____ Zip: _____

Child resides with: _____

Address (if different than above): _____ Zip: _____

Phone: _____

PART II:

Enrollment Date: _____ Number of Tardies: _____

Number of Absences: With a Valid Excuse: _____ Without a Valid Excuse: _____

Dates Child was Absent from School without Valid Excuse:

Suspension/Expulsion Dates: _____

Contacts with Parents, Actions Taken, and Outcomes (attach additional sheets if necessary):

Date: _____

Date: _____

Date: _____

Date: _____

Advisory Letter Sent? No _____ Yes _____ Date: _____

School Representative (person who can testify to the identification of the child, enrollment, keeping of records, and content of records): _____

PART III: REFERRING SCHOOL INFORMATION

School Name _____

District _____

Telephone _____

Address: _____

City & State: _____ Zip: _____

Print name of person submitting report

Title and Position

Phone

Signature