SCHOOL TRUANCY REFERRAL FORM

Child’s Name:

D.O.B.: Age:

Address:

Hispanic Heritage:  Yes or  No Disability:  Yes; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or  No

Grade Level:

Race:  Caucasian  Black/African American  Asian

American Indian/Alaskan Native Pacific Islander Unable to Determine

Mother’s Name:

D.O.B.: Age:

Address:

Hispanic Heritage:  Yes or  No Disability:  Yes; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or  No

Phone:

Work Home

Father’s Name:

D.O.B.: Age:

Address:

Hispanic Heritage:  Yes or  No Disability:  Yes; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or  No

Phone:

Work Home

School’s Name:

Address:

Phone #: District #:

Person Making Referral:

ATTACH SUMMARY OF ATTENDANCE

Please describe what efforts the school has made for the child to meet the requirements of the Compulsory Attendance law?