

DAKOTA COUNTY
STATE OF MINNESOTA

DISTRICT COURT
JUVENILE COURT

NOTICE OF CONTINUING HABITUAL TRUANCY

Student Information

Name _____ Date of Birth _____ Sex: Male/Female
 First Middle Last
 Race: Caucasian African American Asian Hispanic Native American Other: _____
 Address: _____ City: _____ State: MN Zip Code: _____
 Student's School _____
 Student's Current Grade: ____ If 9th–12th Grade, Credits earned to date: ____ Required credits to graduate: ____

Family Information

Mother/Guardian Name: _____ Father/Guardian Name _____
 Address: _____ Address: _____

 Phone Home: _____ Phone Home: _____
 Work: _____ Work: _____
 Cell: _____ Cell: _____

Interpreter Needed: Yes/No

If yes, Language: _____

THE UNDERSIGNED STATES AND INFORMS THE COURT THAT THE ABOVE NAMED CHILD HAS BEEN ABSENT FROM CLASSES WITHOUT LAWFUL EXCUSE ON THE DATES AND TIMES BELOW.

	Dates of Truancy	1	2	Hours 3	4	5	6	7	Parent's Comments	Student's Comments
1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Other relevant information: _____

 Print Name/Title of School Representative

 Date

 Signature of School Representative

 Phone Number

 Name of School Contact Person (if different)

 Phone Number