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?