

**Ramsey County Attorney's Office
Family Truancy Intervention Program (FTIP)
Referral Form**

Phone: 651-266-3005

Mail Completed Form To: FTIP Coordinator
Ramsey County Attorney's Office
50 W. Kellogg, Suite 315
St. Paul, MN 55102

-or-

FAX To: 651-266-3048

Student Information

Student Name _____ Date of Birth _____ Age _____

Gender: Male Female Ethnicity: _____

School Name: _____ Grade: _____

Special Ed? Yes No Interpreter Needed? Yes No

Language Hmong Spanish Russian Somali Other: _____

Parent / Guardian Information

PARENT/GUARDIAN #1

Name _____

Address _____ City _____ Zip _____

Phone (Home): _____ (Work): _____ (Cell): _____

PARENT/GUARDIAN #2

Name _____

Address _____ City _____ Zip _____

Phone (Home): _____ (Work): _____ (Cell): _____

REFERRALS WILL NOT BE PROCESSED WITHOUT A COMPLETE ADDRESS

Days Absent _____ # Days Tardy _____ TOTAL # Days Unexcused _____

COMMENTS:

Source of Referral _____ Date _____

Title _____ Phone # _____

**ATTACH A COPY OF THE CHILD'S ATTENDANCE RECORD – AND -
ATTACH A COPY OF THE ATTENDANCE LETTER SENT TO THE FAMILY**