

NON-ATTENDANCE REFERRAL FORM

DATE _____

SCHOOL: _____ DISTRICT: _____

ADDRESS: _____ PHONE: _____
Number Street City State Zip

NAME OF PERSON MAKING REFERRAL: _____ TITLE: _____

STUDENT'S NAME: _____ BIRTHDATE: _____
First Middle Last

ADDRESS: _____
Number Street Apt. City State Zip

PARENT/GUARDIAN NAME: _____ RELATIONSHIP: _____

PHONE: (H) _____ (W) _____ (C) _____

PARENT/GUARDIAN NAME: _____ RELATIONSHIP: _____

DATE STUDENT ENROLLED: _____ TRANSFERRED FROM: _____

SCHOOL YEAR: _____ GRADE: _____

NUMBER OF DAYS POSSIBLE: _____ NUMBER OF DAYS PRESENT: _____

NUMBER OF FULL DAYS ABSENT: Excused _____ Not Excused _____ TOTAL: _____

NUMBER OF PARTIAL DAYS ABSENT: Excused _____ Not Excused _____ TOTAL: _____

DATES OF CONFERENCES WITH PARENT & STUDENT HELD/REQUESTED: _____

Note: More than one conference should be held before referring the matter

LIST SPECIAL SERVICES OFFERED/PROVIDED: _____

ALL OF THE FOLLOWING INFORMATION MUST BE ATTACHED:

____ COPY OF ATTENDANCE RECORD ____ COPY OF TRANSCRIPT and/or GRADES

____ COPY OF DISCIPLINE RECORD ____ ADDITIONAL HELPFUL INFORMATION

____ COPIES OR NOTATIONS OF WRITTEN OR VERBAL EXCUSES PROVIDED BY PARENT/GUARDIAN

____ COPIES OF LETTERS TO PARENTS REGARDING ATTENDANCE

____ SUMMARY OF EACH CONFERENCE HELD WITH PARENT/GUARDIAN AND STUDENT