

**Homedale Joint School District No. 370**

**STUDENTS**

**3040F2**

**School Truancy Referral Form**

**Part I**

Student: \_\_\_\_\_,  
(last name) (first name) (middle name)

Grade: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Language: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Father's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Child resides with: \_\_\_\_\_

Address (*if different than above*): \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

**PART II**

Enrollment Date: \_\_\_\_\_ Number of Tardies: \_\_\_\_\_

Number of Absences: With a Valid Excuse: \_\_\_\_\_ Without Valid Excuse: \_\_\_\_\_

Dates Child was Absent from School without Valid Excuse:

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Suspension/Expulsion Dates: \_\_\_\_\_

Contacts with Parents, Actions Taken, and Outcomes *(attach additional sheets if necessary)*

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Advisory Letter Sent? No \_\_\_\_\_ Yes \_\_\_\_\_ Date: \_\_\_\_\_

School Representative (person who can testify to the identification of the child, enrollment, keeping of records, and content of records): \_\_\_\_\_

### **PART III: REFERRING SCHOOL INFORMATION**

School Name: \_\_\_\_\_

District: Homedale Jt. School District #370

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

City & State: \_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_\_\_  
(Print name of person submitting report)

\_\_\_\_\_  
(Title and Position)

\_\_\_\_\_  
(Phone)

\_\_\_\_\_  
(Signature)

Policy History:

Adopted on: 00-00-00

Revised on: