Policy 3040F2 – School Truancy Referral Form

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: _____ Wk. Phone: _____

Address: _____ City: _____ Zip: _____

Father's Name: _____ DOB: _____

Phone: _____ Wk. Phone: _____

Address: _____ City: _____ Zip: _____

Child resides with: _____

Address (if different than above): _____ Zip: _____

Phone: _____