

INDEPENDENT SCHOOL DISTRICT 196
 Rosemount-Apple Valley-Eagan Public Schools
Educating our students to reach their full potential

Series Number 503.2.1.3.4P Adopted May 2005 Revised May 2014

Title Dakota County Notice of Continuing Habitual Truancy

04/13

DAKOTA COUNTY STATE OF MINNESOTA	DISTRICT COURT JUVENILE COURT
NOTICE OF CONTINUING HABITUAL TRUANCY	

Student Information

Name _____ Date of Birth _____ Sex: Male/Female
 First Middle Last
 Race: Caucasian African American Asian Hispanic Native American Other: _____
 Address: _____ City: _____ State: MN Zip Code: _____
 Student's School _____
 Student's Current Grade: ___ If 9th-12th Grade, Credits earned to date: ___ Required credits to graduate: ___

Family Information

Mother/Guardian Name: _____ Father/Guardian Name _____
 Address: _____ Address: _____
 Phone Home: _____ Phone Home: _____
 Work: _____ Work: _____
 Cell: _____ Cell: _____

Interpreter Needed: Yes/No
 If yes, Language: _____

THE UNDERSIGNED STATES AND INFORMS THE COURT THAT THE ABOVE NAMED CHILD HAS BEEN ABSENT FROM CLASSES WITHOUT LAWFUL EXCUSE ON THE DATES AND TIMES BELOW.

	Dates of Truancy							Parent's Comments	Student's Comments
	1	2	3	4	5	6	7		
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Other relevant information: _____

 Print Name/Title of School Representative

 Date

 Signature of School Representative

 Phone Number

 Name of School Contact Person (if different)

 Phone Number

Atty/IPS/Truancy Ltrs/Memos-TruancyForm2