



SCHOOL CITY OF EAST CHICAGO
CERTIFICATE OF SERVICE
TRUANCY PROGRAM

Student Name: _____

Parent/ Guardian Name: _____

Parent/Guardian Address: _____

**YOU ARE HEREBY SERVED A 5 DAY UNEXCUSED
ABSENCES LETTER.**

PARENT/ GUARDIAN SIGNATURE

DATE

CERTIFICATE OF SERVICE

I hereby certify that this letter was served upon the

Parent (s) /Guardian: _____ and was

Hand delivered / left at door at above address by:

Truant Officer:

Time:

Date:

Location: