

**CLAIBORNE PARISH  
TRUANCY ASSESSMENT AND SERVICE CENTER**

FAX: 318-927-9687  
PHONE: 318-9274862

**FIRST REFERRAL (GRADES K-12)  
5 UNEXCUSED ABSENCES**

REFERRAL DATE: \_\_\_\_\_

NAME OF SCHOOL: \_\_\_\_\_

STUDENT'S NAME: \_\_\_\_\_

GRADE: \_\_\_\_\_ RACE: \_\_\_\_\_ SEX: \_\_\_\_\_ AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_

Name

Relationship

ADDRESS: \_\_\_\_\_

Street and P.O. Box

City

State

Zip

HOME PHONE #: \_\_\_\_\_ EMERGENCY PHONE#: \_\_\_\_\_

WORK PHONE#: \_\_\_\_\_ (IF AVAILABLE)

**\*TOTAL NUMBER OF UNEXCUSED ABSENCES:** \_\_\_\_\_

\_\_\_\_\_  
NAME OF PERSON MAKING REFERRAL

\_\_\_\_\_  
POSITION