

**CLAIBORNE PARISH
TRUANCY ASSESSMENT AND SERVICE CENTER**

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

**SECOND REFERRAL (GRADES K-12)
8 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