

CLAIBORNE PARISH  
TRUANCY ASSESSMENT AND SERVICE CENTER

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

**THIRD REFERRAL (GRADES K-12)  
11 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