

Clark County School District No. 161

STUDENTS

3040F2

SCHOOL TRUANCY REFERRAL FORM

PART I:

Student _____

(last name) (first name) (middle name)

Grade _____ Age _____ DOB _____ Sex _____ Race _____ Language _____

Mother's Name _____ Phone _____ Wk Phone _____

Mother's Address _____ City _____ Zip _____ DOB _____

Father's Name _____ Phone _____ Wk Phone _____

Father's Address _____ City _____ Zip _____ DOB _____

Child resides with _____

Address (if different than above) _____ Zip _____

Phone _____

PART II:

Enrollment Date: _____

Number of Tardies: _____

Number of Absences without Valid Excuse: _____

Number of Absences with Valid Excuse: _____

Dates Child was Absent from School without Valid Excuse:

Suspension/Expulsion Dates: _____

Contacts with Parents, Actions Taken, and Outcomes (attach additional sheets if necessary):

Date: _____

Date: _____

Date: _____

Date: _____

Advisory Letter Sent? No _____ Yes _____ Date: _____

School Representative (person who can testify to the identification of the child, enrollment, keeping of records, and content of records): _____

PART III: REFERRING SCHOOL INFORMATION

School Name _____ District _____

Address _____ Telephone _____

City & State _____ Zip _____

Print name of person submitting report

Title and Position

Phone

Signature

Policy History:

Adopted on: 05/13/2013

Revised on:

