

**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:

