## The Village Charter School No. 473

STUDENTS 3040F2

## School Truancy Referral Form

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|--------------|

| Student(last name)               | (first name) |      | (middle name) |  |
|----------------------------------|--------------|------|---------------|--|
| Grade:                           | Age:         | DOB: |               |  |
| Mother's Name:                   | I            | OOB: |               |  |
| Phone:                           | Wk. Phone:   |      |               |  |
| Address:                         | City:        |      | Zip:          |  |
| Father's Name:                   |              | DOB: |               |  |
| Phone:                           | Wk. Ph       | one: |               |  |
| Address:                         |              |      |               |  |
| Child resides with:              |              |      |               |  |
| Address (if different than above | e):          |      | Zip:          |  |
| Phone:                           |              |      |               |  |

## **PART II**

| Enrollment Date:              | Number of T            | Tardies:                                     |
|-------------------------------|------------------------|--|
| Number of Absences: With      | a Valid Excuse:        | Without a Valid Excuse:                      |
| Dates Child was Absent fro    | m School without Vali  | d Excuse:                                    |
|                               |                        |  |
|                               |                        |  |
|                               |                        |  |
| Suspension/Expulsion Date     | s:                     |  |
| Contacts with Parents, Action | ons Taken, and Outcom  | nes (attach additional sheets if necessary): |
| Date:                         |                        |  |
| Date:                         |                        |  |
|                               |                        |  |
|                               |                        |  |
|                               |                        |  |
| Advisory Letter Sent? No _    | Yes Date               | <u> </u>                                     |
| School Representative (pers   | son who can testify to | the identification of the child, enrollment, |
| keeping of records, and con   | tent of records):      |  |
|                               |                        |  |
| PART III: REFERRING           | SCHOOL INFORMA         | ATION  |
| School Name: The Village (    | Charter School         |  |
| Telephone:                    |                        |  |
|                               |                        |  |
| Address:                      |                        |  |
| City & State:                 | Z1p:                   |  |
|                               |                        |  |
| (Print name of person subm    | itting report)         | (Title and Position)                         |

| (Phone) | (Signature) |  |
|---------|-------------|--|