

TRUANCY COMPLAINT

Date _____

School Name _____

Student Name _____

DOB: _____

Age: _____

Grade: _____

Mother/Gaurdian/Custodian _____

Relationship to the child _____

Address _____

Place of Employment _____

Phone number _____

Father/Gaurdian/Custodian _____

Relationship to the child _____

Address _____

Place of Employment _____

Phone number _____

Truant

Unexcused absence 4 or more days/part of days in 4 week period

OR

Unexcused absence 10 or more days/part of days within a semester

Required documentation

- Attendance records attached

- Documented oral warning(s)

(Must provide information for each contact, attach additional pages as needed)

Date _____

People present at meeting _____

Summary _____

Date _____

People present at meeting _____

Summary _____

- Copy of written warning(s) attached

- Reasons given for being absent _____

- Truancy history or other family information relevant to referral _____

Witnesses

Attendance Officer

Address _____

Phone _____

Attendance Record Custodian

Address _____

Phone _____

Other

Address _____

Phone _____

Summary of Testimony

Other

Address _____

Phone _____

Summary of Testimony

Other

Address _____

Phone _____

Summary of Testimony

Person making referral _____

Title _____

Signature _____