

Prosecution Request to Warren County Attorney Office

_____ School

Truancy Officer: _____

Student: _____ DOB __/__/____

School: _____

Parent(s): _____

Address: _____

Date of initial truancy referral: _____

Total # of unexcused absences: _____

Total # of absences: _____

Term(s) violated/unexcused absences since mediation was held:

PLEASE ATTACH A COPY OF SCHOOL ATTENDANCE RECORDS SINCE MEDIATION