

Truancy Referral Form

Warren County Attorney Office

Date: ___/___/___

Student: _____

Grade: _____ Phone: _____

School: _____ DOB: ___/___/___

Truancy Officer: _____

Number of Days Truant: _____ Attendance Cooperation Meeting Held? ___ (Y/N)

Student Violated Attendance Cooperation Agreement? ___ (Y/N)

** (If no to either, parties must enter into an agreement and must have been breach by party before referral may be made.)

If yes, how? _____

Person(s) Responsible for Child:

1. Name: _____ DOB: ___/___/___ SSN: _____

** (DOB and Social Security Number must be included.)

Address: _____

Phone: _____ Cell: _____ Employer: _____

Sex: ___ Race: _____ Ht: _____ Wt. ___ Hair: _____ Eyes: _____

** (All physical Description must be included that is known.)

If there is more than one person responsible for the Child,

Please fill out the same information on the back of this form.

Actions Taken by School to Ensure Compliance:

Please either attach a report of the reasonable efforts taken by the School Truancy officer to date or state in the provided space with as much detail as possible: _____

PLEASE ATTACH STUDENT'S ATTENDANCE HISTORY AND THE ATTENDANCE COOPERATION AGREEMENT