## **Dietrich School District #314**

## **Board Policy 3040F2: School Truancy Referral Form** Status: Adopted Original Adopted Date: July 14, 2025 | Last Revised Date: | Last Reviewed Date: June 9, 2025 **STUDENTS** 3040F2 School Truancy Referral Form PART I Student: (last name) (first name) (middle name) Grade: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: Race: Language: Mother's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: Wk. Phone: Address: \_\_\_\_\_ City: \_\_\_\_ Zip: Father's Name: DOB: Phone: \_\_\_\_\_\_ Wk. Phone: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_ Child resides with: Address (if different than above): Zip:

Phone: \_\_\_\_\_\_

## PART II

Enrollment Date:	Number of Tardies:
Number of Absences: With a Valid Excuse:	Without a Valid Excuse:
Dates Child was Absent from School without Valid Excuse:	
Suspension/Expulsion Dates:	
Contacts with Parents, Actions Taken, and C	Outcomes (attach additional sheets if necessary):
Date:	
Advisory Letter Sent? No Yes	_Date:
School Representative (person who can test	tify to the identification of the child, enrollment,
keeping of records, and content of records):	
PART III: REFERRING SCHOOL INFO	ORMATION
School Name:	
District: Dietrich School District #314	
Telephone:	
Address:	

City & State: \_\_\_\_\_ Zip: \_\_\_\_\_

(Print name of person submitting report)

(Title and Position)

(Phone)

(Signature)

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