

ROE #50 Truancy Review Board Referral

Student Content Form

Date of Referral _____

Student's Name: _____	SIS #: _____ (9 digits)
Full Address: _____ Street _____ City State Zip	School District: _____ Name of School: _____ Grade: _____
D.O.B: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Person Making Referral:	
Name: _____	Title: _____
Contact #: _____	Email: _____
TIME OF REFERRAL	HIGH SCHOOL STUDENTS ONLY
Excused Absences	Credits Needed to Graduate
Unexcused Absences	Credits Attempted
Days Enrolled Enrollment Date	Credits Earned
Parent or Guardian:	Number of phone contact to parent prior to referral to the ROE :
Phone Number:	
Date of 3 Day Letter:	Number of visits made to home prior to referral to the ROE:
Date of 6 day Letter:	
<p align="center">Checklist of Attached Documents</p> <p><input type="checkbox"/> Student referral form/ local outcome</p> <p><input type="checkbox"/> Student Demographic sheet</p> <p><input type="checkbox"/> Official Attendance Report & Grades</p> <p><input type="checkbox"/> 3 Day letter</p> <p><input type="checkbox"/> 6 Day letter from Superintendent-Notice to Appear</p> <p><input type="checkbox"/> States Attorney letter</p> <p><input type="checkbox"/> Student and Parent Questionnaires</p> <p><input type="checkbox"/> Truancy Intervention Data Form</p> <p><input type="checkbox"/> Student Service Action Plan</p>	<p>Please notify Melissa Weber at (618-825-3904) to send the 9 Day Letter- FINAL NOTICE TO APPEAR AT THE ROE REGIONAL TRUANCY REVIEW BOARD HEARING</p>