

ROE #50 Truancy Review Board Referral

Student Content Form

Date of Referral _____

Student's Name:	SIS # _____ (9 digits)
Full Address: _____ _____	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: _____
AT 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 contacts to parent prior to referral to the ROE :
Phone Number:	
Date of 3 Day Letter:	Number of home visits made prior to referral to the ROE:
Date of 6 day Letter:	
Checklist of Attached Documents	<p>Please notify Richard Andell at (618-825-3904) to send the 9-Day Letter- FINAL NOTICE TO APPEAR AT THE ROE REGIONAL TRUANCY REVIEW BOARD HEARING</p>
<input type="checkbox"/> Student referral form/ local outcome	
<input type="checkbox"/> Student Demographic sheet	
<input type="checkbox"/> Official Attendance Report & Grades	
<input type="checkbox"/> 3 Day letter	
<input type="checkbox"/> 6 Day letter from Superintendent-Notice to Appear	
<input type="checkbox"/> States Attorney letter	
<input type="checkbox"/> Student and Parent Questionnaires	
<input type="checkbox"/> Truancy Intervention Data Form	
<input type="checkbox"/> Student Service Action Plan	