St. Clair County ROE#50 Truancy Review Board Referral

STUDENT CONTENT FORM

Truancy Referral Packets **must include the following documents with this form** and should be sent to the ROE by email or regular postal mail. The email address is truancy@sccroe50.org. If you have any questions regarding the truancy packet, please contact the ROE at 825-3902 or 825-3904.

Student Demographic Sheet	Truancy Intervention Data Form(s)
Student's Attendance and Grade Reports	Local Truancy Review Board Outcome Form
Copy of 3-day Letter	Completed Student and Parent Questionnaires
Copy of 6-day Letter	Parent Defendant Information

ENTER THE FOLLOWING INFORMATION

STUDENT'S NAME	
SIS # (9 DIGITS)	
DATE OF BIRTH	
AGE	
GENDER	
STREET ADDRESS	
CITY AND ZIP CODE	
NAME OF SCHOOL	
SCHOOL DISTRICT	
GRADE LEVEL	
HOME ROOM INSTRUCTOR (if applicable)	
NAME OF REFERRING PERSON	
TITLE	
PHONE NUMBER	
EMAIL ADDRESS	
PARENT(S) OR GUARDIAN(S)	
PHONE NUMBER OF PARENT(S) OR	
GUARDIAN(S)	
ENROLLMENT DATE	
NUMBER OF EXCUSED ABSENCES	
NUMBER OF UNEXCUSED ABSENCES	
NUMBER OF TARDIES	
DATE OF 3-DAY LETTER	
DATE OF 6-DAY LETTER	
NUMBER OF PHONE CONTACTS PRIOR TO	
REFERRAL	
NUMBER OF HOME VISITS PRIOR TO	
REFERRAL	
PROVIDE THE FOLLOWING INFORMATIO	N FOR HIGH SCHOOL STUDENTS ONLY
PROJECTED GRADUATION DATE	
CREDITS TO GRADUATE	
CREDITS ATTEMPTED	
CREDITS EARNED	