

# D.E.U.C.E.S. HIGH SCHOOL REFERRAL FORM

**DATE OF REFERRAL:** \_\_\_\_\_

(PLEASE PRINT)

<b>NAME:</b>		<b>DOB:</b>	<b>SIS#:</b>
<b>ADDRESS:</b>		<b>CITY/ZIP:</b>	
<b>SCHOOL:</b>	<b>GRADE:</b>	<b>LAST DAY OF ATTENDANCE:</b>	
<b>PARENT OR GUARDIAN'S NAME:</b>		<b>PHONE #:</b>	

<b>FORMERLY REPORTED AS TRUANT TO THE ROE</b>	<input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> <i>If yes, provide date</i> _____
<b>REASON FOR WITHDRAWAL</b>	
<b>ADDITIONAL COMMENTS</b>	
<b>SCHOOL CONTACT FOR ADDITIONAL INFORMATION</b>	<b>NAME:</b> _____ <b>TITLE:</b> _____ <b>EMAIL ADDRESS:</b> _____ <b>PHONE NUMBER:</b> _____

<b>ROE OFFICE USE ONLY:</b>	
<b>DATE OF VERIFICATION OF WITHDRAWAL IN IWAS:</b> _____	
<b>DATE RECORDED IN TAOEP:</b> _____	
<b>PROCESSED BY:</b> _____	<b>DATE:</b> _____