

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@secroe50.org. If you have questions regarding the truancy packet, please contact the ROE at 618-825-3903.

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

DATE OF REFERRAL TO ROE			
STUDENT'S NAME			
SIS # (9 DIGITS)			
DATE OF BIRTH		AGE	
GENDER			
STREET ADDRESS			
CITY AND ZIP CODE			
NAME(S) OF SIBLING(S) ENROLLED IN SAME SCHOOL DISTRICT <i>(if applicable)</i>			
PARENT(S) OR GUARDIAN(S)			
PHONE NUMBER OF PARENT(S) OR GUARDIAN(S)			
NAME OF SCHOOL		DISTRICT	
GRADE LEVEL			
HOMELESS?	YES	NO	<i>(circle your response)</i>
NAME OF REFERRING PERSON			
TITLE			
PHONE NUMBER			
EMAIL ADDRESS			
ENROLLMENT DATE			
NUMBER OF POSSIBLE DAYS OF ATTENDANCE			
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			
NUMBER OF HOME VISITS			
PROVIDE THE FOLLOWING INFORMATION FOR HIGH SCHOOL STUDENTS ONLY			
PROJECTED GRADUATION DATE			
CREDITS TO GRADUATE			
CREDITS ATTEMPTED			
CREDITS EARNED			