TRUANCY COURT REFERRAL INFORMATION

Student Name: <<Student Name>> **Date of Birth:** <<DOB>>

Sex: <<Gender>> **Race:** <<Race>>

Address: <<Address>> **Zip:** <<Zip>>

Person Responsible for Student's Attendance: <<Parent/Guardian>>

Relationship to Child: <<Relationship to Child>> **Phone:** <<Phone>>

School District: YOUR School District

School Making the Referral: CAMPUS NAME Phone: CAMPUS PHONE

Representative Making the Referral: <<SCHOOL REPRESENTATIVE>>

Email: <<EMAIL>>

Total Unexcused Absences: <<Number of Absences>>

Date of Referral:_____

ELEMENTS NEEDED FOR REFERRAL

By my signature below, I certify that:

- ☐ the Student is 12 years of age or older and younger than 19 years of age and is required to attend school;
- ☐ the Student has failed to attend school on 10 or more days or parts of days within a 6-month period in the same school year; and
  - ☐ this referral is made within 10 school days of the Student's 10th absence; or
  - ☐ the School District determined that truancy prevention measures were succeeding in order to delay making the referral;
- ☐ the School District has determined the Student's truancy is not the result of:
  - ☐ pregnancy;
  - ☐ being in the state of foster program;
  - ☐ homelessness; or
  - ☐ being the principal income earner for the student's family; and
- ☐ the School District applied truancy prevention measures adopted under subsection (a) or (a-4) of Section 25.0915 of the Texas Education Code, and the truancy prevention measures failed to meaningfully address the Student's attendance.

***The Student:

- ☐ is eligible for special education services
- ☐ is not eligible for special education services
- ☐ does receive special education services
- ☐ does not receive special education services

TRUANCY PREVENTION MEASURES GUIDE

*Please provide detailed information on each truancy prevention measure applied.

- ☐ Phone Contact Made with Parent/Guardian
- ☐ Warning Letter Sent
- ☐ Parent/Staff Conference
- ☐ Home Visit by Campus Personnel
- ☐ Referral to Campus Support (nurse, CIS, social worker, etc.)
- ☐ Other Campus Interventions
    - ☐ Explain: <<Other Campus Interventions>>

DOCUMENTS NEEDED FOR REFERRAL (please attach)

Full copy of Student's attendance record for the school year, copy of the warning letter, attendance contract, behavior improvement plan, results of home visit, information on any other intervention applied (Attach to document)

ACT OF NEGLIGENCE of PARENT/GUARDIAN

Please state specific acts of Parent/Guardian that caused absences or prevented Student's attendance: <<Parent Negligence>>

Signed on _____ _____

School District Representative Signature

Witnesses Available for Hearing/Trial

Name: Insert Admin
Phone: Insert Phone Email: Insert Email

Name: Insert PEIMS
Phone: Insert Phone Email: Insert Email