

Jordan School District  
**Truancy School Referral** Student Number \_\_\_\_\_

Student's Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_ M F

Birth date \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Father \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Guardian \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

List extra services being provided \_\_\_\_\_

Will an interpreter be required? No Yes Language \_\_\_\_\_

**Attendance Record**

For the period beginning \_\_\_\_\_ (date) and ending \_\_\_\_\_ (date)

<b>Student Attendance</b>	<b>Comments</b>
_____ Total Days Possible	_____
_____ Total Days Absent	_____
_____ Number of Full Days Unexcused	_____
_____ Number of Additional Periods Unexcused	_____

**\*Optional**

\_\_\_\_\_  
Administrator's signature                      \*                      Student's signature                      \*                      Parent's signature

Date \_\_\_\_\_                      Date \_\_\_\_\_                      Date \_\_\_\_\_