

**INITIAL TRUANCY LETTER  
REFERRAL FORM**

**TO:** Philip Miller, Benton County Attorney

**FROM:** School Name:

School Address:

Name:

Title:

Telephone #:

**DATE:**

The child listed below has had at least five (5) unexcused absences. We are requesting that you send out the initial truancy letter to this child and/or the child's parent(s).

Child's Full Name:

Child's Gender:

Child's Date of Birth:

Child's Current Address:

Child's Grade:

**Primary language at home:**

Mother's/Guardian's Name:

Mother's/Guardian's Address:

Telephone No.

Custodial Parent:  Yes  No

Father's/Guardian's Name:

Father's/Guardian's Address:

Telephone No.

Custodial Parent:  Yes  No

**\*Please attach copies of the Attendance Alert Letter and current attendance records.**