

Benton County Truancy Referral Form

Date Submitted

* Complete One Form per Student

School	School Contact Phone ()	Fax ()
School Contact Name (Staff making referral)		Email
School Address		ISD#
Student (Last, First, Middle)	DOB	Age
Student Address (Street, Apt #, City, Zip)	Grade	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No Language:		
Race/Ethnicity <input type="checkbox"/> African American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native American <input type="checkbox"/> Other		
Student Lives with Check all that apply	Enter Complete Parent/Custodian Information for Mailing	
<input type="checkbox"/> Mother	Name	
	Address, Apt# City, Zip	
	Home Phone ()	Other Phone ()
<input type="checkbox"/> Father	Name	
	Address, Apt# City, Zip	
	Home Phone ()	Other Phone ()
<input type="checkbox"/> Custodian <input type="checkbox"/> Other	Name	
	Address, Apt# City, Zip	
	Home Phone ()	Other Phone ()
REQUIRED CRITERIA		
The Following Criteria Must be Met Prior to Making a Referral		
<input type="checkbox"/> Attendance/Principal Letter (3-Day) sent on:		
Unexcused Full Days	Excused Days	Total Absences
Comments:		