

**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: