

## SupportEd Student Referral Form

**Please email this referral form along with 1) PPS1006, 2) truancy warning letter, and 3) attendance to: [cjsys-truancy@dgcoks.gov](mailto:cjsys-truancy@dgcoks.gov).**

### Referring Agency Information

Referring Agency: \_\_\_\_\_ Referral Date: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Contact Number: \_\_\_\_\_

**Who should we contact to complete our student attendance assessment?**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Title/Position: \_\_\_\_\_

### Student & Guardian Information

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Race: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Sex: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Date Truancy Met: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

☐ Spanish speaking?

Parent Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

☐ Spanish speaking?

**Comments:**

