

Pajaro Valley Unified School District
Student Services

TRUANCY REFERRAL FORM

To: Student Services Date: _____

From: _____ School of Enrollment: _____

PUPIL INFORMATION: I.D: _____

Student: _____ Birthdate: _____ Grade: _____

Parent _____ Address: _____ Home Phone: _____

IEP: Yes _____ No _____ **Please attach a copy of the student's emergency card.**

ATTEMPTS MADE BY SCHOOL STAFF: Yes NO

A. Site staff contacted parent (indicate staff name, title, and date) () ()
Comment _____

B. Home Visit (most important, indicate date) () ()
Comments _____

C. School Psychologist has screened student (indicate date) () ()
Comments _____

D. School Nurse has screened student (indicate date) () ()
Comments _____

E. Referred to an S. S. T. or other Student Assistance Program () ()
Comments _____

COMMUNICATIONS SENT FROM SCHOOL:

A. Sent letter on first classification of truant (Ed. Code 48260.5) () ()
B. Sent letter on second classification () ()
C. Sent third letter declaring habitual truancy () ()

Administrator's Signature Administrative Title