

**ATTENDANCE REFERRAL 2024-2025**

School \_\_\_\_\_ Date of Referral \_\_\_\_\_

**STUDENT'S NAME:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SIS #: \_\_\_\_\_

Grade Level: \_\_\_\_\_ If grade 9-12, credits needed to graduate: \_\_\_\_\_

Does the student receive special education services? \_\_\_\_\_

Is the Family/Student involved in the court system? If yes, explain. \_\_\_\_\_

Parent's Name (Or Guardian) \_\_\_\_\_

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

Phone number: \_\_\_\_\_

Mother's Employment \_\_\_\_\_ Phone no. \_\_\_\_\_

Father's Employment \_\_\_\_\_ Phone no. \_\_\_\_\_

Parents are: Married \_\_\_\_\_ Divorced \_\_\_\_\_ Single \_\_\_\_\_ Other \_\_\_\_\_

**Number of Absences 2023-2024 School Year** \_\_\_\_\_ **Number of Truancies 2023-2024 Year** \_\_\_\_\_

**Number of Absences 2024-2025 School Year** \_\_\_\_\_ **Number of Truancies 2024-2025 Year** \_\_\_\_\_

**Number To Date of Possible Attendance Days 2024-2025** \_\_\_\_\_

**OTHER RISK FACTORS** (please check all that apply)

Low Achievement \_\_\_\_\_

Low Income \_\_\_\_\_

High Failure Rate \_\_\_\_\_

Physical or Emotional Issues \_\_\_\_\_

Teen Parent \_\_\_\_\_

Law or Court-Mandated \_\_\_\_\_

Credit Deficient \_\_\_\_\_

Drugs/Alcohol \_\_\_\_\_

Tardiness \_\_\_\_\_

Other \_\_\_\_\_

**SPECIFIC ACTION TAKEN BY SCHOOL:**

Please record the dates of the following that apply and **provide documentation**.

Letters to Parent/Guardian \_\_\_\_\_ Staffing \_\_\_\_\_

Home Visits \_\_\_\_\_ Schedule Changes (explain) \_\_\_\_\_

Conference with Student \_\_\_\_\_ Other (Specify) \_\_\_\_\_

Conference with Parents \_\_\_\_\_

**Additional Comments:** \_\_\_\_\_

\*After a minimum of 2 UNEXCUSED absences, attach the student's current attendance report and send to:

Bureau Henry Stark Regional Office of Education  
107 S. State St.

Atkinson, IL 61235  
Phone: (309) 936-7890  
Fax: (309) 936-1111  
Email