

Iosco RESA *EZ* Truancy Referral Form

Student Name _____

Teacher Name _____

Date: _____ ***Referral #*** _____

If the following information is available on the student's demographic sheet it does not have to be replicated. If it is NOT included it must be written in. Information provided must include:

District: _____ Building: _____

Grade: _____ Student's DOB: _____

Address: _____

Telephone: _____

Parent's Name/s: _____

Parent's marital status: _____

Special Ed Designation: Y or N IEP in place: Y or N

- If this referral is for truancy include the attendance report which must distinguish EXCUSED and UNEXCUSED absences and tardies.
- If this referral is for incorrigibility include discipline reports.
- Please report the dates of any communication you have had with the student's parents regarding attendance.

Name of administrator requesting or notified of the referral: _____

Fax or Email Referral to:

IRESA Truancy Officer Stephanie Conklin

FAX # (989) 362-9076

sconklin@ioscoresa.net

Office: (989)362-3006 ext. 1115 ~ Cell: (989)415-8734