



Middle School Truancy Program Referral Form

Date: _____

Referred by: _____

Grade: _____

School: _____

Student's Name: _____

Student's Address: _____

Parent/Guardian Name: _____

Relationship of Parent/Guardian to Student: _____

Home Phone: _____

Cell Phone: _____

Unexcused Absences to Date: _____

Fax to: 1.724.473.3455
Please note this is a new fax number