

# DENTON COUNTY STUDENT REFERRAL FORM

## ALLEGING TRUANT CONDUCT

School: \_\_\_\_\_ Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

<b>Student's Name:</b>	<b>Parent/Guardian Name:</b>
<b>Address:</b>	<b>Parent/Guardian Address (if different):</b>
<b>City</b> <b>State</b> <b>Zip</b>	<b>City</b> <b>State</b> <b>Zip</b>
<b>DOB:</b>	
<b>Age:</b> <b>Sex:</b> <b>Race:</b>	
<b>Social Security #:</b>	<b>Phone:</b>
<b>Student ID #</b>	<b>Student DL # (if known):</b>

Check only those that apply:

- The student was at least 12 yoa and under 19 yoa when all alleged truant conduct occurred.
  
- Student's Parent/Guardian was notified of student's absence from school without excuse on three or more days or parts of days within a four-week period. (*attach copy of written notice*)
  
- Truancy Preventions Measures began on \_\_\_\_\_ and included (*check all that apply*):
  - A behavior improvement plan in accordance with EC 25.0915. (*attach copy of plan*)
  - School-based community service
  - Referral to other in-school or out-of-school services to wit: \_\_\_\_\_
  
- Student missed 10 or more days or parts of days (*as defined by the Denton County Uniform Truancy Policy Committee Recommendations Part 1*) within a six-month period. Dates of the 10 absences include: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ (*Please attach attendance record*)
  
- The truancy is not related to pregnancy, being in a state foster program, being homeless, or being the principal income earner for student's family.
  
- The student has seen a Denton County Juvenile Case Manager.
  
- The student **IS** eligible for or receives Special Education Services under *Subchapter A, Chapter 29*.
  
- The Truancy Prevention measures failed to meaningfully address the student's school attendance. There were \_\_\_\_\_ unexcused absences since the implementation of the Truancy Prevention Measures.
  
- Filing was delayed in accordance with EC 25.0951(d)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date