

PULASKI COUNTY SPECIAL SCHOOL DISTRICT
Truancy Referral Form

School Name: _____ Phone: _____ Fax: _____

Date: _____ Prepared By: _____ Title: _____

Student Information:

Student: _____ Race/Sex: _____ Birthdate: _____ Grade: _____ SS#: _____

Parent/Guardian Information:

This petition is for both the Parent/Guardian and Student. **ONLY THOSE INDIVIDUALS WITH CUSTODY OF THE STUDENT SHOULD BE LISTED BELOW.**

Custodial Parent/Guardian: _____ Relationship: _____ Race/Sex: _____ Birthdate: _____ SS#: _____

Custodial Parent/Guardian: _____ Relationship: _____ Race/Sex: _____ Birthdate: _____ SS#: _____

Street Address: _____ City, State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____ Alternate Phone: _____

Student History:

Provide information relating to truancy problems, suspensions, and family problems or concerns.

Attendance Information:

This form must be filled out in COMPLETE DETAIL or it WILL NOT BE ACCEPTED. Failure to complete this information will delay the process.

Total Absences: _____ Excused: _____ Unexcused: _____ Special Education: _____

Parental Notification:

Additional contacts are important and should be brought to our attention. However, the law only requires that notice is given to the parent/guardian after (1) the accumulation of half the total number of absences permitted and (2) upon student's referral to the truancy authority (AR Law 6-18-222).

Method of Contact: Telephone Letter Date: _____ Additional Information/Comments: _____

Method of Contact: Telephone Letter Date: _____ Additional Information/Comments: _____

Method of Contact: Telephone Letter Date: _____ Additional Information/Comments: _____

Instructions:

1. Attach a copy of the student's attendance records.
2. Make sure all information is completed correctly.
3. Maintain a copy for school records and send one to the District Office.
4. Mail or fax all materials to the office indicated for the location of your school:

Jacksonville - Robert Bamburg #1 Municipal Drive Jacksonville, AR 72078 Phone: 982-6303 Fax: 982-2280

Maumelle - Janan Davis 550 Edgewood Drive, Suite 590 Maumelle, AR 72113 Phone: 851-7260 Fax: 851-3875

Sherwood - Steve Cobb, City Attorney 7520 Hwy. 107 Sherwood, AR 72120 Phone: 833-2051 Fax: 833-1074

All Others - Amy Boroughs / Ellen McLemore 500 W. Markham, 310 Little Rock, AR 72201 Phone: 371-4489 Fax: 371-4675