

YORK COUNTY SCHOOL TRUANCY REFERRAL
REQUEST FOR SERVICE

NOTE: Please fill in all the blanks.

1. SUBJECT CHILD:

Full Name _____ DOB _____

ADDRESS/CUSTODY _____

TELEPHONE _____

S.S.# _____ RACE _____

SCHOOL DISTRICT _____ BUILDING _____

GRADE _____ TYPE OF CLASS _____

DEVELOPMENTAL HISTORY (cite significant problems)

A. MEDICAL _____

B. PHYSICAL _____

C. SOCIAL/EMOTIONAL _____

NAME/ADDRESSES OF PHYSICIANS, DENTISTS, ETC WHERE CHILD WAS SEEN

SAP REFERRAL MODE _____ DATE _____

RECOMMENDATIONS _____

SCHOOL or other PSYCHIATRIC EVALUATIONS

DATE _____ DIAGNOSIS _____

RECOMMENDATION/TREATMENT _____

2. SIBLINGS (*INDICATE IF THEY HAVE TRUANCY PROBLEMS):

NAME DOB ADDRESS/CUSTODY SCHOOL DISTRICT/GRADE

3. FATHER:

FULL NAME _____ DOB _____

ADDRESS _____ WORK# _____

RACE _____ RELIGION _____

SIGNIFICANT ISSUES THAT MAY IMPACT STUDENT ATTENDANCE (IE. MEDICAL PROBLEMS, COURT,
EMPLOYMENT) _____

4. MOTHER:

FULL NAME _____ DOB _____

ADDRESS _____ WORK# _____

RACE _____ RELIGION _____

SIGNIFICANT ISSUES THAT MAY IMPACT STUDENT ATTENDANCE (IE. MEDICAL PROBLEMS, COURT,
EMPLOYMENT) _____

5. STEP PARENT/LIVE-IN PARAMOUR:

FULL ANME _____ DOB _____

ADDRESS _____ WORK# _____

RACE _____ RELIGION _____

SIGNIFICANT THAT MAY IMPACT STUDENT ATTENDANCE (IE. MEDICAL PROBLEMS, COURT,
EMPLOYMENT) _____

6. OTHER PEOPLE IN THE HOME AND RELATIONSHIPS TO SUBJECT(S)

7. EXTENDED FAMILY RESOURCES

8. OTHER AGENCIES INVOLVED WITH THE FAMILY

Please ensure to attach the following:

- Completed Student Attendance Improvement Plan
- Attendance history for prior school years
- Attendance for current school year
- Current IEP (if applicable)
- Current report card
- Disciplinary reports for current school year
- Copies of citations issued for current school year
- Additional documented actions the school has taken to address the unlawful absences