

CLINTON COUNTY REGIONAL EDUCATION SERVICE AGENCY

ATTENDANCE REFERRAL FORM

Patrick J. Wilson, Attendance Officer
1013 S. U.S.-27, Suite A
St. Johns, MI 48879
PHONE: 989-224-6831 FAX: 989-224-9574
EMAIL: pwilson@ccresa.org

School District _____ Building _____ Telephone _____ Date _____

School Address _____

Contact Person _____ E-Mail Address _____

STUDENT INFORMATION:

_____ M F

Last Name _____ First _____ Middle _____
Date of Birth: ____/____/____ Age: _____ Grade: _____

Address: _____
Street _____ City _____ Zip _____ County _____

Telephone: _____
Home _____ Mother's # if different _____ Father's # if different _____ Parents # at work _____

Reason for Referral: _____ TOTAL SCHOOL DAYS: _____ UNEXCUSED ABSENCES: _____

Is the student receiving special education services? YES NO Is the student a Court Ward? YES NO

PARENT INFORMATION:

Mother's Name _____ Address if different from student _____ E-Mail Address _____

Father's Name _____ Address if different from student _____ E-Mail Address _____

Step-Parent _____ Guardian _____

Other Information/Comments: _____

Educational Problem Meeting: YES NO Date of Meeting: _____ Present: _____

Educational Counseling: YES NO If so, with whom: _____

Is the student receiving Counseling from an Outside Agency: YES NO If yes, with whom: _____

*****Please include copies of the attendance record and all letters sent to the parent/guardian by school personnel with this referral*****