

ROE 47 TAP
ONE-TIME INTERVENTION REFERRAL FORM – (IN PERSON ONLY)
Lee/Ogle/Whiteside Counties
 EMAIL: mhopp@roe47.org

Date of Referral for Truancy Intervention: _____ Homeless: Y N Lives w/ _____

SCHOOL _____ SCHOOL PHONE NO. _____ COUNTY _____

STUDENT _____
LAST FIRST MIDDLE

ADDRESS _____ SIS # _____

CITY _____ ZIP CODE _____ PHONE # _____

AGE _____ DATE OF BIRTH _____ RACE _____ SEX: M F GRADE _____

STUDENT EMAIL _____ PARENT EMAIL _____

Primary Language Spoken in Household: _____

WHO HAS CUSTODY OF STUDENT?	FATHER	MOTHER	GUARDIAN	OTHER
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FATHER'S NAME _____ ADDRESS _____ PHONE _____

FATHER'S EMPLOYER: NAME _____ CITY _____ PHONE _____

MOTHER'S NAME _____ ADDRESS _____ PHONE _____

MOTHER'S EMPLOYER: NAME _____ CITY _____ PHONE _____

GUARDIAN'S NAME _____ ADDRESS _____ PHONE _____

STUDENT MUST HAVE 2 UNEXCUSED ABSENCES AND MAY NOT BE WITHIN 6 MONTHS OF TURNING 17 OR ON PROBATION: PLEASE ATTACH: *CURRENT ATTENDANCE, *PARENT LETTER, ANY *DISTRICT LETTERS SENT TO PARENT(S) REGARDING ATTENDANCE.

The following must be completed in order for referral to be processed:

REQUIRED ATTACHMENTS: Current Attendance Copy of Mailed "Parent Letter"

ADDITIONAL: Any District Letters sent to Parent(s) regarding attendance

ENROLLMENT DATE _____ (CURRENT SCHOOL YEAR)

USE THIS FORMULA TO REPORT STUDENT'S ATTENDANCE FOR CURRENT SCHOOL YEAR:

Days present _____ divided by Days enrolled _____ Equals Attendance Percentage _____%

Number of Excused Absences _____

Number of Unexcused Absences _____

Administering Office:

Regional Office of Education #47 815-625-1495

Robert Sondgeroth, Regional Superintendent