

Attendance Referral Form

Joelle MacDonald-Snyder, Attendance Officer
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Phone: 989-875-5101 ext. 2224 Fax: 989-875-2858

School District Building Telephone Date

School Address

Contact Person E-Mail Address

STUDENT INFORMATION:

Last Name First Name Middle Name M F

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 _____

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
Is student receiving special education services: Yes No

Is student a court ward? Yes No

Other Information/Comments: _____

Educational Problem Meeting: _____ Date of Meeting: _____ Present: _____

Educational Counseling - with whom? _____

Is student receiving counseling from an outside agency? Yes No

If so, from whom: _____