

CLINTON COUNTY REGIONAL EDUCATION SERVICE AGENCY
ATTENDANCE REFERRAL FORM
Brad Carey, Attendance Officer
1013 S. U.S. 27, Suite A
St. Johns, MI 48879
PHONE: 989-224-6831 ext. 2391 FAX: 989-224-9574
E-MAIL: mcarey@ccresa.org

School District _____ Building _____ Telephone _____ Date _____

School Address _____

Contact Person _____

E-mail Address _____

STUDENT INFORMATION:

M F

Last Name _____

First Name _____

Middle Name _____

Date of Birth: ___/___/___

Age: _____

Grade: _____

Address: _____

Street _____

City _____

Zip _____

County _____

Telephone: _____

Home _____

Mother's _____

Father's _____

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: _____

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