



PASS (Positive Alternative Student Services)
19525 W Washington Street
Grayslake, IL 60030

Phone 847 223 3400
Fax 847 223 3415
Web lake.k12.il.us

REGIONAL OFFICE OF EDUCATION

Roycealee Wood, Regional Superintendent
Edward Bates, Director of Attendance Services

2008-2009 TRUANCY REFERRAL FORM

Referral Source: (all fields on this form are required)

Person Referring:	<input type="text"/>	Title:	<input type="text"/>	District #	<input type="text"/>
School:	<input type="text"/>			Phone:	<input type="text"/>
				Fax:	<input type="text"/>
Address:	<input type="text"/>			Email	<input type="text"/>
City:	<input type="text"/>	State:	<input type="text"/>	Zip:	<input type="text"/>

Does this family:
☐ Need a Spanish Letter?
☐ Receive TANF from DHS?

Student & Family Information:

First Name	<input type="text"/>	MI	<input type="text"/>	Last Name	<input type="text"/>	SIS #	<input type="text"/>	Grade	<input type="text"/>	
Address	<input type="text"/>				City	<input type="text"/>	State	<input type="text"/>	Zip	<input type="text"/>
Phone:	<input type="text"/>	DOB	<input type="text"/>	Sex	<input type="text"/>	Race	<input type="text"/>			
Father	<input type="text"/>	Employer	<input type="text"/>			Phone:	<input type="text"/>			
Mother	<input type="text"/>	Employer	<input type="text"/>			Phone:	<input type="text"/>			
Student Lives With	<input type="text"/>					Relationship	<input type="text"/>			
Ever Retained?	<input type="text"/>	Grade Retained:	<input type="text"/>	Special Ed?	<input type="text"/>	Type:	<input type="text"/>			

Attendance & Services Documentation: *Please fill in all fields. They are required by ISBE

Current Attendance:

Total Absences to Date Date Enrolled
Student has attended Days out of possible days.

Previous Attendance:

Total Absences Last Year (Refer to cumulative file if necessary)

Attempts the school has made to remedy the attendance problem: (please check all that apply and comment)

☐ Counseling ☐ Parent Conference(s) ☐ Phone Conference(s) ☐ Home Visit(s) ☐ Letters ☐ Testing ☐ Schedule Changes ☐ Other

Comments:

OFFICE USE ONLY

Date Received

Specialist:

Signature:

Date Field: