Quarterly Truancy Report

SCHOOL DISTRICT NAME:		**DATE:**	

Check one for the quarter ending :

September 30 (Due ROE Oct 10)		**December 31** (Due ROE Jan 10)		**March 31** (Due ROE Apr 10)		**June 30** (Due ROE July 10)	

(Please file this report with the Quarterly Report of Students No Longer Enrolled in School.)

NAME	***ADDRESS***	***BIRTH DATE***	***AGE***	***M/F***	***NAME OF GUARDIAN***	***# DAYS TRUANT DURING THIS QUARTER***