

ATTENDANCE REFERRAL 2026-2027

School _____ Date of Referral _____

STUDENT'S NAME: _____ **Gender:** _____

Date of Birth: _____ SIS #: _____

Grade Level: _____ If grade 9-12, credits needed to graduate: _____

Does the student receive special education services? _____

Is the Family/Student involved in the court system? If yes, explain. _____

Parent's Name (Or Guardian) _____

Address: _____

Phone number: _____ Email: _____

Mother's Employment _____ Phone no. _____

Father's Employment _____ Phone no. _____

Parents are: Married _____ Divorced _____ Single _____ Other _____

Number of Absences 2025-2026 School Year _____ **Number of Truancies 2025-2026 Year** _____

Number of Absences 2026-2027 School Year _____ **Number of Truancies 2026-2027 Year** _____

Number To Date of Possible Attendance Days 2026-2027 _____

OTHER RISK FACTORS (please check all that apply)

Low Achievement _____

High Failure Rate _____

Teen Parent _____

Credit Deficient _____

Tardiness _____

Low Income _____

Physical or Emotional Issues _____

Law or Court-Mandated _____

Drugs/Alcohol _____

Other (Specify) _____

SPECIFIC ACTION TAKEN BY SCHOOL:

Please record the dates of the following that apply and **provide documentation**.

Letters to Parent/Guardian _____ Staffing _____

Home Visits _____ Schedule Changes (explain) _____

Conference with Student _____ Other (Specify) _____

Conference with Parents _____

Additional Comments: _____

*After a minimum of 2 UNEXCUSED absences, attach the student's current attendance report and send to:

Bureau Henry Stark Regional Office of Education
107 S. State St.
Atkinson, IL 61235

Phone: (309) 936-7890
Fax: (309) 936-1111