



PULASKI COUNTY SPECIAL SCHOOL DISTRICT
Excessive Absence Referral Form

School Name: _____ Phone: _____ Fax: _____

Date: _____ Prepared By: _____ Title: _____

Student Information:

Student: _____ Race/Sex: _____ Birthdate: _____ Grade: _____

Parent/Guardian Information:

This petition is for both the Parent/Guardian and Student. **ONLY THOSE INDIVIDUALS WITH CUSTODY OF THE STUDENT SHOULD BE LISTED BELOW.**

Parent/Guardian 1: _____ Relationship: _____

Street Address: _____ City, State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____ Alternate Phone: _____

Parent/Guardian 2: _____ Relationship: _____

Street Address: _____ City, State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____ Alternate Phone: _____

Attendance Information:

This form must be filled out in COMPLETE DETAIL or it WILL NOT BE ACCEPTED. Failure to complete this information will delay the process.

Total Absences for the Semester: _____ Unexcused: _____ Conference Date: _____

Parental Notification:

Additional contacts are important and should be brought to our attention. However, the law only requires that notice is given to the parent/guardian after (1) the accumulation of half the total number of absences permitted and (2) upon student's referral to the truancy authority (AR Law 6-18-222).

Method of Contact: Telephone Letter Date: _____ Additional Information/Comments: _____

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Instructions:

1. Attach a copy of the student's attendance records.
2. Make sure all information is completed correctly.
3. Maintain a copy for school records, send copy to parent by certified mail, and provide a copy to appropriate registrar.
4. Email all materials to the Prosecuting Attorney's Office for your school location.

Principal Signature _____

Date _____