

**RECOMMENDATION FOR REFERRAL TO COUNTY ATTORNEY  
FOR VIOLATION OF STATE MANDATORY ATTENDANCE LAW**

**Date:** \_\_\_\_\_ **Referring Administrator:** \_\_\_\_\_

**Name of Student:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **School:** \_\_\_\_\_ **Grade Level:**  
\_\_\_\_\_

**Father's Name:** \_\_\_\_\_ **Mother's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
\_\_\_\_\_

**Phone:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

\*Total current school year full absences: \_\_\_\_\_

\*Total current school year partial day absences: \_\_\_\_\_

\*Total current school year tardies: \_\_\_\_\_

Previous year attendance issue(s) (optional): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The following attempts have been made by the school to notify the parent(s)/guardian(s) of concerns and attempt to resolve attendance concerns:

Dates of written notice to parent(s)/guardian(s): \_\_\_\_\_

Dates of phone contacts and individual initiating contact: \_\_\_\_\_

Dates of meetings at school and names of staff conducting the meeting: \_\_\_\_\_

Dates of home visits and name of individual conducting visit: \_\_\_\_\_

Other interventions:  
\_\_\_\_\_

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Other concerns (i.e. inadequate medical excuses). May include additional attachments:

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Date: \_\_\_\_\_