

## SupportEd Student Referral Form

**Please email this form and attach attendance, grades, and other documentation we may need to: [cjsys-truancy@douglascountyks.org](mailto:cjsys-truancy@douglascountyks.org).**

### Referring Agency Information

Referring Agency: \_\_\_\_\_ Referral Date: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Contact Number: \_\_\_\_\_

### Who should we contact to complete our student attendance assessment?

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Title/Position: \_\_\_\_\_

### Student & Guardian Information

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Race: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Sex: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Status:  Truant on \_\_\_\_\_

Have you filed Form 1006 for this student?  Yes, on \_\_\_\_\_  No

Parent Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Spanish speaking?

Parent Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Spanish speaking?

**Comments:**