



PASS (Positive Alternative Student Services)
19525 W Washington Street
Grayslake, IL 60030

Phone 847 223 3400
Fax 847 223 3415
Web lake.k12.il.us

REGIONAL OFFICE OF EDUCATION

Roycealee Wood, Regional Superintendent
Edward Bates, Director of Attendance Services

2010-2011 TRUANCY REFERRAL FORM

Referral Date: _____

Referral Source: (all fields on this form are required)

Person Referring: _____ Title: _____ District # _____
School: _____ Phone: _____ Fax: _____
Address: _____ Email _____
City: _____ State: _____ Zip: _____

Does this family:
Need a Spanish Letter?
Receive TANF from DHS?

Student & Family Information:

First Name _____ MI _____ Last Name _____ SIS # _____ Grade _____
Address _____ City _____ State _____ Zip _____
Phone: _____ DOB _____ Sex _____ Race _____
Father _____ Employer _____ Phone: _____
Mother _____ Employer _____ Phone: _____
Student Lives With _____ Relationship _____
Ever Retained? _____ Grade Retained: _____ Special Ed? _____ Type: _____

Attendance & Services Documentation: *Please fill in all fields. They are required by ISBE

Current Attendance: Total Excused Absences _____ Total Un-Excused Absences _____ Total # Days Enrolled _____ Total # Tardies _____
Date Enrolled _____

Previous Attendance: Total Absences Last Year _____ (Refer to cumulative file if necessary)

High School Credit Information Total Required to Graduate _____ Attempting _____ Earned YTD _____

Attempts the school has made to remedy the attendance problem: (please check all that apply and comment)

- Counseling Parent Conference(s) Phone Conference(s) Home Visit(s) Letters Testing Schedule Changes Other

Comments: _____

OFFICE USE ONLY
Date Received _____ Specialist: _____

Signature of Person Referring Student