

EARLY TRUANCY INTERVENTION FORM

STUDENT INFORMATION

Student Name: _____ DOB: _____ GENDER: _____ GRADE: _____

School Building: _____

PARENT INFORMATION

Father's Name: _____

Father's Address: _____ City _____

Father's Phone: _____

Email Address: _____

Mother's Name: _____

Mother's Address: _____ City _____

Mother's Phone: _____

Email Address: _____

CUSTODY INFORMATION

Student in custody of both parents father mother other (specify) _____

ATTENDANCE INFORMATION (Please provide documentation)

Total Full/Partial Days Excused: _____ Number of Full Days _____ Number of Partial Days

Total Full/Partial Days Unexcused: _____ Number of Full Days _____ Number of Partial Days

Are student's absences primarily related to illness? Yes No

Are student's absences primarily related to suspensions? Yes No

Is this student currently on probation through Probate court? Yes No

Is the student currently receiving special education services? Yes No

If so, are you considering a manifestation hearing? Yes No

EARLY TRUANCY INTERVENTION ACTION REQUESTED (check all that are being requested)

Letter sent to parent from Truancy Officer expressing concern about attendance

Phone call to parent regarding student's attendance

Assist in completing an Action Plan with principal, parent, and student.

Home Visit to parent regarding student's attendance.

PETITIONER INFORMATION

Signature of Principal: _____ Date Submitted: _____

Send Form To:

or

Email to:

Menominee County ISD (Fax 906-863-7776)

Attention : Jeff Jones

jjones@mc-isd.org