

Attendance Referral Form

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Attendance Officer
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School Submitting Referral: _____

School personnel authorizing referral: _____
(Name) (Position)

What steps has the school taken to address the issue of attendance? ☐ Phone Call ☐ Letter to Parent ☐ Email

Form Submitted by: _____
(Name) (Position) (Email)

School Phone: _____ Referral Number: ☐ #1 ☐ #2 ☐ #3

Student Name: _____ Student Gender: ☐ Male ☐ Female

Student Birth Date: _____ Student's Current Grade Level: _____
(MM/DD/YYYY)

Student Address: _____, _____, _____
(Street) (City) (Zip)

Please enter number of days absent: _____ day(s) Please enter number of days tardy: _____ day(s)

Father and Mother: _____ and _____
(Father's Name) (Mother's Name)

With whom does the student reside? ☐ Both Mother and Father ☐ Mother ☐ Father ☐ Legal Guardian

Parent Home Phone: _____ Parent Mobile Phone: _____

Parent Email Address: _____

Guardian's Place of Employment: _____ (Please note if unemployed)

Guardian's Work Phone: _____

Emergency Contact Name and Relationship: _____
(Name) (Relationship)

Emergency Contact Phone: _____

Date school notified parent by letter or phone of attendance issues: _____
(MM/DD/YYYY)

School Start Date: _____
(MM/DD/YYYY)

School Address: _____, _____, _____
(Street) (City) (Zip)

Please add any comments about the child or situation:

Submit / Comstock Public Schools:

Submit / Parchment School District:

All other school districts,
please submit here: