

Attendance Referral Form

Jerry Jansma
Attendance Officer
269.250.9239



Referral Number: #1 #2 #3 Today's Date (MM/DD/YYYY) : _____

School Submitting Referral: _____

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

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

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

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

Number of days absent: _____ day(s) Number of days tardy: _____ day(s) School Phone: _____

Student Name: _____ Student Gender: Male Female

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

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

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

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

Please add any comments about the child or situation:

Submit / Comstock Public Schools:

Submit / Parchment School District:

All other school districts,
please submit here: