

Nova Services

702 Elm Street

West Bend, WI 53095

Main: (262) 338-8842 Fax: (262) 338-3724

TRUANCY INTERVENTION REFERRAL FORM

From: _____ Date: _____

of _____

I am referring the student named below to the Truancy Intervention Program. We have notified the parent(s)/guardian(s) of this referral and have attached a completed release form.

Student Name _____ Date of birth ____/____/____

Teacher _____

School Principal _____

School _____ Grade _____

Parent/Guardian _____

Address _____ Home Phone: (____) _____ - _____

_____ Cell Phone: (____) _____ - _____

_____ Work Phone: (____) _____ - _____

Summarize the actions the school has taken to correct the situation:

Signature of Referring Party

Phone #