

Wright County

2018-2019

3-Day Truancy Referral (**over age 12**)

Step #1

Student Information	<p>Child's Full Name: _____ School: _____</p> <p>Date of Birth: _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Race: <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American (specify tribe): _____ <input type="checkbox"/> Other (specify): _____</p> <p>Does this individual read, speak, and understand English? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, list language: _____</p>
Custodial Parent	<p>Parent/Guardian Name: _____</p> <p>Mailing Address: City: _____ State: MN Zip Code: _____ County: _____ Phone #: _____</p> <p>Does child live with this parent/guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No Does this individual read, speak, and understand English? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, list language: _____</p>
Non-Custodial Parent	<p>Parent/Guardian Name: _____ <input type="checkbox"/> Same address as Custodial Parent</p> <p>Mailing Address: City: _____ State: MN Zip Code: _____ County: _____ Phone #: _____</p> <p>Does child live with this parent/guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No Does this individual read, speak, and understand English? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, list language: _____</p>
Needed Information	<p><input type="checkbox"/> This completed form <input type="checkbox"/> A copy of your school's 3-day letter <input type="checkbox"/> Current attendance record</p> <p style="text-align: center;">Send all of the above to: Email: Robin.Dorf@co.wright.mn.us or</p> <p style="text-align: center;">OR</p> <p style="text-align: center;">Fax: (763) 682-7701 <i>WCHHS. - Youth Services Unit</i> Attn: Robin Dorf, Truancy Case Aide</p> <p style="text-align: center;">Questions: (763) 684-2339</p>