

Signature of Attendance Officer

Absentee and/or Referral

PRINCIPALS: Please complete this form and attach a complete printout of the student's attendance record. Retain one copy for your files and send a copy to Dr. Bobbie Dawson at the District Office. DOB: School: Student's Name: Parent's Name: Address: Street City Reason For Referral: Additional Remarks: Date of Referral Principal's Signature County Use Only Disposition:

Date