RST Education Department
Truancy Intervention Program

Referral Form

Referral Source: ☐ Parent/Guardian ☐ School ☐ JDC ☐ RST Children's Truancy Court
☐ Other: _____

Reason for Referral:

☐ Bullying/Hazing ☐ Harassment ☐ Fighting
☐ Abusive Threatening Language ☐ Insubordination/Noncompliant ☐ Drug/Alcohol Use
☐ Possession/Use of Weapons ☐ Disrupting Learning Environment ☐ Absenteeism
☐ Encouraging a Conflict ☐ Chronic Tardiness/Skipping ☐ Gang Affiliation
☐ Sexual Offenses ☐Other: _____

Brief History: _____

Name: _____ DOB: ___/___/___ Gender: M / F Grade: _____

Community: _____ School: _____

Parent/Legal Guardian: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Mailing Address: _____

Directions to Home: _____

Notes: _____

Signature: _____ Date: _____

(Rev. 9/2015)