

BRUNSWICK SCHOOL DEPARTMENT
46 Federal Street
Brunswick, Maine 04011

INTERIM NOTIFICATION TO SUPERINTENDENT

_____, age _____, a student at _____
_____ has now been truant for the equivalent of 5 days during the last six
months _____ or for 4 consecutive one-half days _____

Parent/Guardian: _____

Address: _____

Telephone: _____

Comments:

Referred by: _____

Date: _____