

BRUNSWICK SCHOOL DEPARTMENT
46 Federal Street, Brunswick, Maine 04011

TRUANCY REFERRAL FORM

Student Name _____ Age _____ Date of Birth _____

School _____ Grade _____ Date _____

Parent(s) Name(s) _____

Parent(s) Address _____

Parent(s) Phone _____

Form JHB-E1 sent to Superintendent on _____

I. The following information is included on the attached pages

- _____ 1. Attendance history
- _____ 2. Current year unexcused absences/documentation/disposition
- _____ 3. Physical exam data
- _____ 4. Psychological exam data
- _____ 5. Reports of other agencies
- _____ 6. Program adjustments made
- _____ 7. Other:
 - a. _____
 - b. _____
 - c. _____

II. Principal's recommendation to Superintendent

Date _____ Signature _____

III. Superintendent's action

Date _____ Signature _____

IV. Board action (if necessary)

Date _____ Signature _____

