

Truancy & Educational Neglect Referral Form

Please email referral form to: DHSIntake@HoCoMN.gov

Only complete this referral if your school's attendance policy has been thoroughly followed and there have been at least 7 unexcused absences (days for children under age 12 & periods for 12 and up).

Referrer's Information:

Referrer's Name & Title:	
School Name:	
Address:	City/State/Zip:
Phone Number:	Fax Number:
Email Address:	

Guardian Information:

Name & Relationship:	Name & Relationship:
Address:	Address:
City/State/Zip:	City/State/Zip:
Phone:	Phone:
Date of Birth:	Date of Birth:

Child's Full Legal Name:	Date of Birth:	Current Level Grade:

Child's Home Address: _____

*If child's home residence is split 50/50, please note that here:

Native American Child? Unknown No Yes – Tribe(s): _____

Past County Involvement?

Currently on Probation?

Number of Unexcused Absences: _____

Number of Unexcused Tardies: _____

Other Information for High School Student: On Track to Graduate?

Credits Earned to Date:	Credits Required to Graduate:	Anticipated Graduation Date:
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What efforts have been made by school officials to resolve attendance concerns with the family and the student?

Letters Phone Calls In-Person Meetings Home Visit(s)

Email(s) _____ # of Attempted Contacts _____ # of Meetings

_____ # of Successful Contacts

Referral(s) to Voluntary Services/Supports (i.e., mental health, school counselors/SW, transportation, etc.)

Please, list: _____

Note: The student's attendance record must be included with this referral form.