School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Student’s Name:** | **Parent/Guardian Name:** |
| **Address:** | **Parent/Guardian Address** *(if different)***:** |
| **City State Zip**  | **City State Zip**  |
| **DOB: Age: Sex: Race:**  |  |
| **Social Security #:**  | **Phone: ( )** |
| **Student ID #** | **Student DL # (if known):** |

* The student was at least 12 years and under 19 years of age when all truant conduct occurred.
* Student’s Parent/Guardian was notified student has been absent from school without excuse on three or more days or parts of days within a four-week period. *(Please attach copy of written notice)*
* Student missed 10 or more days or parts of days within a six-month period in the same school year. *(Please attach attendance record)*
* The truancy is not related to pregnancy, being in a state foster program, being homeless, or beingthe principal income earner for student’s family.

**The school has initiated truancy prevention measures and has taken one or more of the following actions:**

* 1. (A) A behavior improvement plan signed by an employee of the school that the school has made a good faith effort to have signed by the student and the student’s parent/guardian and must include: *(Please attach behavior improvement plan)*
* A specific description of the behavior that is required or prohibited for the student
* The period for which the plan will be effective, not to exceed 45 school days after the effective date
* The penalties for additional absences, including disciplinary action or referral to truancy court
* (B) School-based community service
* 2. Refer the student to counseling, mediation, mentoring, a teen court program, community- based services, or other in-school or out-of-school services aimed at addressing the truancy.

The student has seen the Juvenile Case Manager assigned to this court. yes / no *(circle one)*

The student **is/is not**(circle one)eligible for or receives Special Education Services under *Subchapter A, Chapter 29.*

The Truancy Prevention measures failed to meaningfully address the student’s school attendance.

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Signature Date*