

(SCHOOL LETTERHEAD)

REFERRAL NOTICE TO FAMILY FROM SCHOOL

Student:
Date of Birth:
SIS# ____ - ____ - ____
Grade:
Date of this Notice:

(Parents Name)
(Address)
(City, State, Zip)

Telephone:

Dear *(Parent/Guardian)*

A Note of Absenteeism concerning your child was sent to you on (date of 1st letter sent to parent).

Due to continued excessive unexcused absences and/or tardiness we are required by State law to refer you to the Truancy Division of the Rock Island County Regional Office of Education Prevention Services Department. _____ *(Student Name)* has been absent ____ unexcused days *(enter # days)*, and tardy ____ times *(enter # times tardy)*.

As indicated in your first letter, as of July 28, 2011, Public Act 97-0218 (105 ILCS 5/26-2a) was passed in Illinois. This Public Act changed the definition of chronic truancy to 5% of the school year (9 days) as opposed to 10% of the school year (18 days).

In the interest of the educational well being of your child, it is very important that you cooperate with this agency.

Upon receipt of this referral, the Rock Island Regional Office of Education, Prevention Services Department will be contacting you. **If you have any questions regarding this referral, please feel free to contact me here at *(school phone number)*.**

Thank you for your cooperation regarding this matter.

Respectfully,

(Principal, Assistant Principal, Dean, Etc.)