

**STUDENT ABSENCE DOCUMENTATION AND RECOMMENDATIONS**

**Student Demographics:**

**Student Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Grade Level:** \_\_\_\_\_ **School:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Other Contact:** \_\_\_\_\_

**Record of Absence:**

Has student been absent 10-15 consecutive days? (Please check one)  Yes  No

If yes, list dates absent below:

- |          |           |           |           |
|----------|-----------|-----------|-----------|
| 1. _____ | 6. _____  | 11. _____ | 16. _____ |
| 2. _____ | 7. _____  | 12. _____ | 17. _____ |
| 3. _____ | 8. _____  | 13. _____ | 18. _____ |
| 4. _____ | 9. _____  | 14. _____ | 19. _____ |
| 5. _____ | 10. _____ | 15. _____ | 20. _____ |

**Parent/Guardian Contact:**

Has parent/guardian been informed of absences? (Please check one)  Yes  No

If yes, how has the parent/guardian been informed of student's absences? (Please check appropriate box(es) below)

Phone calls? If checked, please list date(s) and the name of the person making the call below:

Date: \_\_\_\_\_ Caller's Name: \_\_\_\_\_  
 Date: \_\_\_\_\_ Caller's Name: \_\_\_\_\_  
 Date: \_\_\_\_\_ Caller's Name: \_\_\_\_\_

Letter? If checked, please list date(s) of letter and name of person sending letter below:

Date: \_\_\_\_\_ Sender's Name: \_\_\_\_\_  
 Date: \_\_\_\_\_ Sender's Name: \_\_\_\_\_  
 Date: \_\_\_\_\_ Sender's Name: \_\_\_\_\_

Other: \_\_\_\_\_

**Parent/Guardian Conference:**

Has parent/guardian conference been scheduled? (Please check one)  Yes  No

If yes, when? Date: \_\_\_\_\_ Time: \_\_\_\_\_

Did the parent/guardian attend? (Please check one)  Yes  No

If yes, what was the result of the conference: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

CORNING-PAINTED POST AREA SCHOOL DISTRICT

**Persons in Need of Supervision Petition (PINS)**

Is student under the compulsory age? (Please check one)  Yes  No

If yes, has a PINS Petition been filed with/in Family Court? (Please check one)  Yes  No

Indicate: Date \_\_\_\_\_

Has Social Services (Child Protective Services) been contacted? (Please check one)  Yes  No

If yes, indicate date: \_\_\_\_\_

**Note: Child Protective Services can only be contacted when it is suspected that the parent is the cause of the student's truancy. Otherwise, Child Protective Services generally does not get involved in truancy cases.**

**Home Visits**

Has a home visit been conducted by school personnel? (Please check one)  Yes  No

If yes, indicate: Date \_\_\_\_\_ By Whom: \_\_\_\_\_

**Building Principal/Designee Recommendation:**

That the above named student has been absent from school for \_\_\_\_\_ consecutive days. Having

followed the appropriate District procedures, I hereby make the following recommendation(s):

- The student must be removed from the attendance roll because he/she is over the compulsory education age and has been absent 20 consecutive days.
- The student has been a no-show for \_\_\_\_\_ days with an unknown address. All attempts to contact the parent/guardian have been unsuccessful and the student must be withdrawn.
- The student has transferred to another school district with documentation.
- The student is compulsory attendance age and has been absent for \_\_\_\_\_ days. The school has followed the necessary procedures in accordance with Education Law.
- Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Building Principal/Designee Signature**

\_\_\_\_\_  
**Date**