

# REQUEST FOR SERVICES OF THE JACKSON COUNTY ATTENDANCE OFFICER

Name Victoria Burke Birthdate 1-15-05 Sex F Race Que School Hunt Grade 4 School Phone 841-7999 ext. 202  
 Address 1234 Wray Dr City Jackson Zip 49201 Home Phone 555-1234

Father's Name John Burke St. Same City Same Employed By Kroger Business Phone 769-5432  
 Mother's Name Jane Burke St. Same City Same Employed By Meyer Business Phone 841-5679

Date of **2015-16** Original Referral 9-7-15 Spec. Educ. Service: YES  NO  School Starting Time 8:00  
 Update for Week of: 9/15

Physical Description: Height 6'2" Weight 120 Hair color blonde Eye color blue

Month	Day	Present	Excused	Unexcused	Other
September	1	2	3	4	5
September	6	7	8	9	10
September	11	12	13	14	15
September	16	17	18	19	20
September	21	22	23	24	25
September	26	27	28	29	30
October	1	2	3	4	5
October	6	7	8	9	10
October	11	12	13	14	15
October	16	17	18	19	20
October	21	22	23	24	25
October	26	27	28	29	30
November	1	2	3	4	5
November	6	7	8	9	10
November	11	12	13	14	15
November	16	17	18	19	20
November	21	22	23	24	25
November	26	27	28	29	30
December	1	2	3	4	5
December	6	7	8	9	10
December	11	12	13	14	15
December	16	17	18	19	20
December	21	22	23	24	25
December	26	27	28	29	30
December	31				
January	1	2	3	4	5
January	6	7	8	9	10
January	11	12	13	14	15
January	16	17	18	19	20
January	21	22	23	24	25
January	26	27	28	29	30
January	31				
February	1	2	3	4	5
February	6	7	8	9	10
February	11	12	13	14	15
February	16	17	18	19	20
February	21	22	23	24	25
February	26	27	28	29	30
February	31				
March	1	2	3	4	5
March	6	7	8	9	10
March	11	12	13	14	15
March	16	17	18	19	20
March	21	22	23	24	25
March	26	27	28	29	30
March	31				
April	1	2	3	4	5
April	6	7	8	9	10
April	11	12	13	14	15
April	16	17	18	19	20
April	21	22	23	24	25
April	26	27	28	29	30
April	31				
May	1	2	3	4	5
May	6	7	8	9	10
May	11	12	13	14	15
May	16	17	18	19	20
May	21	22	23	24	25
May	26	27	28	29	30
May	31				
June	1	2	3	4	5
June	6	7	8	9	10
June	11	12	13	14	15
June	16	17	18	19	20
June	21	22	23	24	25
June	26	27	28	29	30
June	31				

**IMPORTANT:** Please Complete All Of The Following Items Before Submitting For Referral.  
**Incomplete Forms Will Be Returned Before Processing By Attendance Officer.**

Please Mark Days Missed In The Following Manner:

Absent All Day  O

Absent A.M. Only  ⊖

Absent P.M. Only  ⊙

E = Excused

U = Unexcused

US = Unexcused Suspension

T = Tardy

**All absences must be marked with one of the above.**

Example: 7:15

Weekends: 25

No School: 23

X

1. What is the cause of the problem, if known.  
Head Lice

2. List date(s) of contact with parent & outcome.  
9/11 - Talked with mom

An agency referral must be made before sending request for services to ISD. Please indicate below.

- Do/Chas Lifeways Intake
- Student Advocacy/ETI
- Childcare Network
- Family Service & Children's Aid
- Catholic Charities
- Other

4. Other information or data that might be useful in helping the Attendance Officer with this referral:  
See attached

JACKSON COUNTY INTERMEDIATE SCHOOL DISTRICT  
 6700 Browns Lake Road  
 Jackson, MI 49201  
 517-768-5158 • FAX: 768-5244