**MONROE COUNTY SCHOOLS “Project Graduation”**

**PROSECUTOR TRUANCY REFERRAL FORM**

**Student’s Full Name**: □ Male □ Female

Grade: Birthdate: Today’s age:

Street Address City, Zip Home Phone Cell Phone

**Mother’s Name**:

Street Address City, Zip Home Phone Cell Phone

**Father’s Name**:

Street Address City, Zip Home Phone Cell Phone

**Legal Guardian**:

Street Address City, Zip Home Phone Cell Phone

**Child Resides with**:

List communications that have taken place, the date completed and by whom:

□ Letter 1 date sent School Official

Outcome

□ Letter 2 date sent School Official

Outcome

□ Parent Meeting School Official

Outcome

**Number of Unexcused Absences**: **Date Range**:

School District Building

Principal/Designee: email and phone Date

 **Attach copies of all documents in chronological order:**

○ Letter #1

○ Letter #2

○ Student’s Attendance Report

○ Attendance Improvement Plan

○ Other documents

**Email Referral Form and Attachments to** **ronald\_benore@monroemi.org** **AND** **kimberle\_sergent@monroemi.org** **or fax to (734) 240-7626**

If you have any questions or concerns, please contact Ronald Benore at (734) 240-7620.