



Washoe County School District

Truancy Intervention Department

Office: 775-337-9911

School (AP) Request for Habitual Truancy Citation

Please **PRINT** clearly

<u>Student Name:</u>	<u>Date:</u>
<u>School:</u>	<u>AP Name:</u>
Sped: Y/N_____ Sex:_____ Ethnic code:_____ DOB:_____ Grade:_____	
Please attached the following documentation with the request:	
	Student summary print out
	Daily attendance print out (CT & CTL must be reflected in attendance codes and dates must match letters sent home)
	Behaviors tab printout (current year)
	Copy of CT letter #1 Sent: ___/___/___ (must be noted in Behaviors link)
	Copy of CT letter #2 Sent: ___/___/___ (must be noted in Behaviors link)
	Copy of CT letter #3 Sent: ___/___/___ (attach Certified Mail receipt or parent signed copy, must be noted in Behaviors link)
List school interventions attempted to assist this student toward better attendance	
1. _____	
2. _____	
3. _____	
4. _____	
5. _____	