



EL PASO INDEPENDENT
SCHOOL DISTRICT

The Alpha Initiative
Department for Student Retention and Truancy Prevention

900 S. Cotton
El Paso, TX 79901
Phone (915) 230-2095
Fax (915) 230-0099
www.episd.org

COVER PAGE

Campus: _____

Assistant Principal: _____

Campus Phone: _____

Cell Phone: _____

Student Name: _____ DOB _____

Student ID Number: _____

Father: _____ DOB: _____

Address: _____ ZIP Code: _____

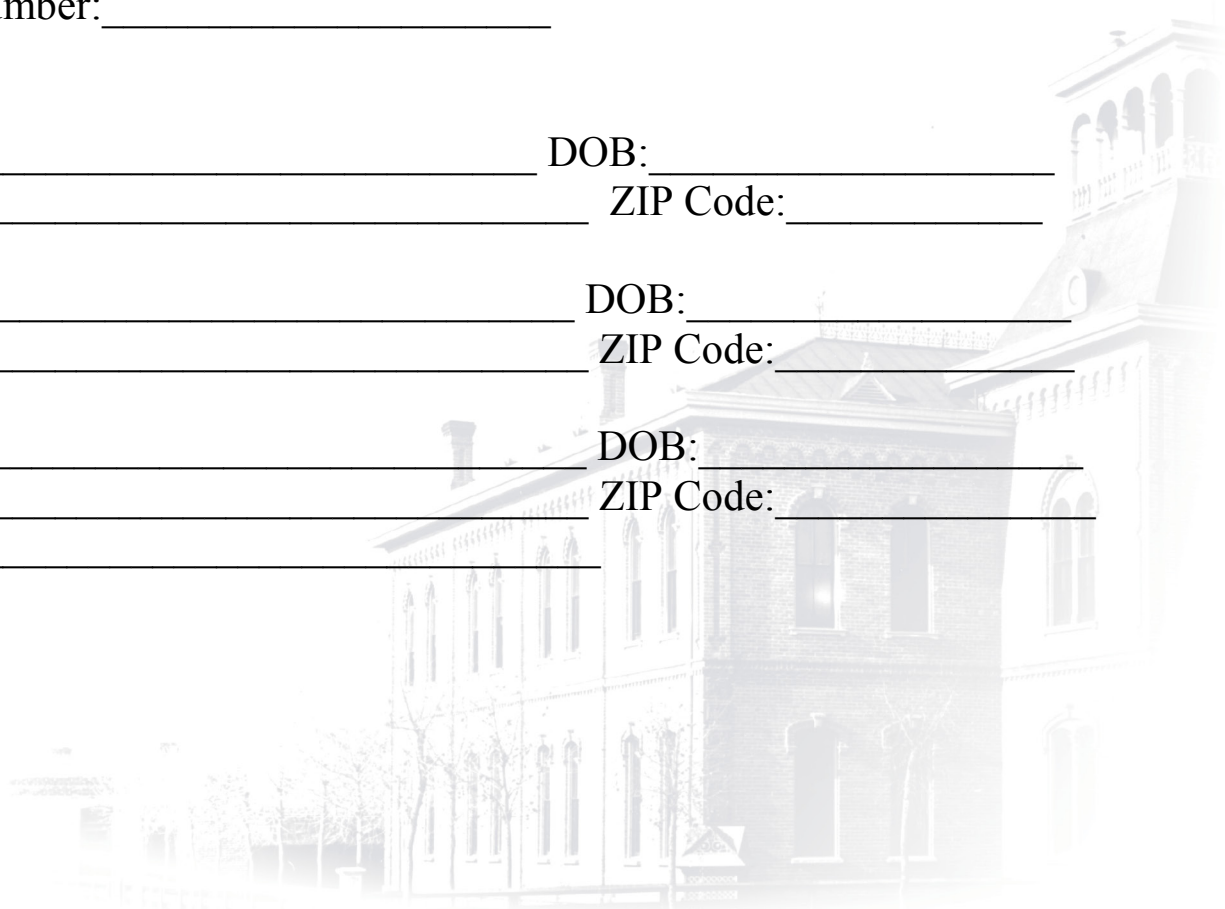
Mother: _____ DOB: _____

Address: _____ ZIP Code: _____

Guardian: _____ DOB: _____

Address: _____ ZIP Code: _____

Relationship: _____



COVER SHEET FOR STUDENT REFERRAL TO TRUANCY COURT

IN THE JUSTICE COURT PRECINCT ___ OF EL PASO COUNTY, TEXAS

Name of Student: _____ DOB _____

Verified Address of student: _____

Name of Mother: _____

Address of mother: _____

Name of father: _____

Address of father: _____

Name of person standing in parent's place: _____

Address of person standing in parent's place: _____

Name of School: _____

Name of Administrator: _____ Cell Phone: _____

The above named student while required to attend school under Section 25.085 of the Texas Education Code did fail to attend school on ten or more days or parts of days within a six month period in the same school year.

Day 1 _____, 201__ ___ All Day; Periods _____

Day 2 _____, 201__ ___ All Day; Periods _____

Day 3 _____, 201__ ___ All Day; Periods _____

Day 4 _____, 201__ ___ All Day; Periods _____

Day 5 _____, 201__ ___ All Day; Periods _____

Day 6 _____, 201__ ___ All Day; Periods _____

Day 7 _____, 201__ ___ All Day; Periods _____

Day 8 _____, 201__ ___ All Day; Periods _____

Day 9 _____, 201__ ___ All Day; Periods _____

Day 10 _____, 201__ ___ All Day; Periods _____

Day 11 _____, 201__ ___ All Day; Periods _____

Day 12 _____, 201__ ___ All Day; Periods _____

Attached (1) CERTIFYING STATMENET AS REQUIRED BY 25.0915(B) Ed. Code (2) Copy of Behavior Improvement Plan or other steps taken under 25.0915 Ed. Code (3) current attendance.