



SCHOOL: _____

FORM REFERENCE NUMBER: TRCERT-1

Department for Student Retention and Truancy Prevention - The Alpha Initiative

TRUANCY PREVENTION MEASURES CERTIFYING STATEMENT

STUDENT/PARENT INFORMATION	CURRENT GRADE	EPI SD IDENTIFICATION NUMBER
	_____	_____

STUDENT NAME (LAST, FIRST, MI)	AGE	STUDENT BIRTHDATE
_____	_____	_____

PARENT(S) /RESPONSIBLE PERSON(S) NAME	DOB	CONTACT TELEPHONE NUMBER
_____	_____	_____

NOTICE AND CONTACT INFORMATION	NOTICE OF ABSENCE SENT BY USPS ON (DATE):

DATE OF CONTACT:	TYPE:	DATE OF CONTACT:	TYPE:
_____		_____	

DATE OF CONTACT:	TYPE:	DATE OF CONTACT:	TYPE:
_____		_____	

OTHER CONTACT:

STUDENT INTERVENTION MEASURES	START DATE:

	DATE		DATE

	DATE		DATE

	DATE		DATE

OTHER INTERVENTION:

SCHOOL: _____

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TRUANCY PREVENTION MEASURES CERTIFYING STATEMENT

STUDENT

STUDENT NAME (LAST, FIRST, MI)

CASE SUMMARY

CERTIFYING STATEMENT

The school has applied the truancy prevention measures described in this document. These truancy prevention measures failed to meaningfully improve the student's school attendance.

ADMINISTRATOR NAME: _____

TITLE/POSITION _____

SIGNATURE _____

DATE _____