



**DR. DARLENE J. RUSCITTI**  
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## DuPage Regional Office of Education Chronic Truancy Referral

Per Illinois School Code (105ILCS5/26-2a)- A chronic truant is defined as a child subject to compulsory school attendance and who is absent without valid case from such attendance for 5% or more of the previous 180 regular attendance days.

**Target Audience:** Ages 6-17

If excessive chronic truancy is an ongoing issue, despite supportive services being offered/provided by the school, a student may be referred to the Regional Office of Education.

Please refer to the DROE flow chart regarding the referral process. When completing the formal referral, attach attendance and grade reports from this school year and last school year.

Fax all documents attention Truancy Department to 630.407.5801 or scan to [atijerina@dupageroe.org](mailto:atijerina@dupageroe.org).

CHRONIC TRUANT REFERRAL

REFERRAL CONTACT INFORMATION

Referral Date

Referred by Name

Title

Phone

District #

School Name

Address

Contact Name for Attendance Updates

Phone

Email

STUDENT INFORMATION

Student Name

Student State ID

Birth Date

Grade

Sex

Address

Ethnicity

City

State

Zip

APT #

Phone

Student Lives With:

Parents' Language

Student's Language

Free/  
Reduced  
Lunch?

PARENT/GUARDIAN INFORMATION

Mother's Name

Address same as Student

Address

Email

City

State

Zip

APT #

Phone:

(H)

(C)

(W)

Father's Name

Address same as Student

Address

Email

City

State

Zip

APT #

Phone:

(H)

(C)

(W)

Guardian's Name

Address same as Student

Address

Email

City

State

Zip

APT #

Phone:

(H)

(C)

(W)

# CHRONIC TRUANT REFERRAL

EMERGENCY CONTACT (S)

Emergency Contact's Name  Email

Phone: (H)  (C)  (W)

Emergency Contact's Name  Email

Phone: (H)  (C)  (W)

SECONDARY REFERRAL DATA

- Low Achievement
- Low Income
- Substance Use
- Legal Involvement
- Behavioral Issues
- High Failure Rate
- Emotional Health Challenges
- Teen Parent
- McKinney-Vento Eligible
- Credit Deficient
- Physical Health Challenges
- Tardiness
- Transportation Challenges

ACADEMIC INFORMATION

First day of current school year:

As of the referral date, # of days school has been in session:

\* # of credits earned to date:

504 Plan?

IEP?

\* # of credits required to graduate:

\*High School Referrals Only

If 'yes' to IEP or 504 plan, please list any limitations which may affect attendance.

TRUANCY DATA

	Excused Absences	Unexcused Absences	Tardies
Current School Year			
Previous School Year			





\* Please fill out attendance calendar or attach your completed school calendar, or attach School Information System attendance log.

E=Excused
U=Unexcused
T=Tardy

August				
M	T	W	T	F

September				
M	T	W	T	F

October				
M	T	W	T	F

November				
M	T	W	T	F

December				
M	T	W	T	F

January				
M	T	W	T	F

February				
M	T	W	T	F

March				
M	T	W	T	F

April				
M	T	W	T	F

May				
M	T	W	T	F

June				
M	T	W	T	F