

DAKOTA COUNTY
STATE OF MINNESOTA

DISTRICT COURT
JUVENILE COURT

NOTICE OF CONTINUING HABITUAL TRUANCY

Student Information

Name _____ Date of Birth _____ Sex: Male/Female
First Middle Last

Race: Caucasian African American Asian Hispanic Native American Other: _____

Address: _____ City: _____ State: MN Zip Code: _____

Student's School & Address _____

Student's Current Grade: ____ If 9th-12th Grade, Credits earned to date: ____ Required credits to graduate: ____

Student ID Number _____

On track to graduate with class? Yes/No

Family Information

Mother's Name: _____ Father's Name: _____

Address: _____ Address: _____

Phone Home: _____

Phone Home: _____

Work: _____

Work: _____

Cell: _____

Cell: _____

Does the family read, speak and understand English? Yes/No Interpreter Needed: Yes/No

If yes, Language: _____ Who in the family needs an interpreter? _____

THE UNDERSIGNED STATES AND INFORMS THE COURT THAT THE ABOVE NAMED CHILD HAS BEEN ABSENT FROM CLASSES WITHOUT LAWFUL EXCUSE ON THE DATES AND TIMES BELOW.

	Dates of Truancy	Hours							Parent's Comments	Student's Comments
		1	2	3	4	5	6	7		
1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Follow through on diversion contract or other relevant information: _____

Print Name/Title of School Representative
(Individual who will attend court hearing if student is petitioned to court)

Date

Signature of School Representative

Phone Number

Name of School Contact Person (if different)
Atty/JPS/Truancy Ltrs/Memos-TruancyForm2

Phone Number