



## Middle School Truancy Program Referral Form

Date:	Referred by:
Grade:	School:
Student's Name:	
Student's Address:	
Parent/Guardian Name:	
Relationship of Parent/Guardian to Student:	
Home Phone:	Cell Phone:
Unexcused Absences to Date:	

## Fax to: 1.724.473.3455 Please note this is a new fax number

Connect to Classrooms at East End United Community Center 150 Coolspring Street, Uniontown, PA 15401 Phone: 724.208.1849 Fax: 1.724.473.3455