

Student Hearing and Placement Department (SHPD-F012)

Attendance Letter Information Profile

Enclo	ose with SARB referral packet.		
Stude	nt:	Date of Birth:	Student #:
Schoo	ol:	Completed By:	
	ancies include: Unexcused, Unverified absence OT to include medical, dental, optometry and co		ementary)
	1st truancy letter sent after at least 3 truant days,* elementary and 18 truant periods, secondary Date sent: (Copy of letter is mailed to Box 760)		
	2nd truancy letter sent after at least 1 Date sent: (Copy of letter is mailed	•	dditional truant periods
	3rd truancy letter with SART appoint 6 additional truant periods Date sent: (Copy of letter is mailed		
	SART hearing, contract completed and signed (including number of minutes for conference) Date of SART hearing: (Copy of SART is mailed to Box 760)		
	SARB referral after at least 1 additional truant day/6 additional truant periods Date sent:		