

# Woodridge Local School District

## ATTENDANCE REFERRAL

Summit County Educational Service Center (330-945-5600 – Ext. 236)  
Attendance Coordinator

Date \_\_\_\_\_

School \_\_\_\_\_ Referred by \_\_\_\_\_

Student \_\_\_\_\_

Grade \_\_\_\_\_ Room # \_\_\_\_\_ Teacher \_\_\_\_\_

Parent(s) Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Days Absent \_\_\_\_\_ Tardy \_\_\_\_\_ Residency \_\_\_\_\_ Other \_\_\_\_\_

Other Pertinent Information or Concerns \_\_\_\_\_

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Action Taken \_\_\_\_\_

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Results \_\_\_\_\_

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