

EXCESSIVE ABSENTEEISM REPORT
GIBBON PUBLIC SCHOOL DISTRICT

THIS FORM SHALL BE SENT TO THE COUNTY ATTORNEY OF THE COUNTY
IN WHICH THE ABSENTEE STUDENT RESIDES

Date: _____

Name of Student: _____

Name of Parent or Guardian: _____

Street Address: _____

City, State, Zip Code: _____

For Current Year

Total Days Absent: _____

Days Absent But Not Excused: _____

- The school representative requests additional time to work with the student prior to intervention by the county attorney.
- The school representative believes that the school has used all reasonable efforts to resolve the student's excessive absenteeism without success and recommends county attorney intervention.

If further action is necessary to address the student's attendance, the initial meeting between the parent/guardian of the student, the school, and the county attorney or his/her designee shall be at a location determined by the school.

School Representative's signature: _____

Title: _____