

Cambridge Public Schools Child Requiring Assistance Request Form

Student's name Last:		First:		
Address Street	City	State	Zip	Apt#
Phone (H) (C)	School/SLC	DOB	Gender	Grade
Parent/guardian Name Last		First (Required)	Parent's D.O.B.	
Address if different Same ()		Phone (H) (C)		
Current year Days absent #	Days tardy #	Last year absence #	Last year tardy #	

Truancy Prevention Program Team (print names) * (Name) Team member to appear in court.

Principal	Assistant/Dean/SAM
School psychologist	DCF Worker
School counselor	
School social worker	
Teacher	

List dates/times

Phone calls				
Meetings student				
Conferences				
Home visits				

List specific steps taken to prevent truancy IEP yes () no () If yes please attach

Principals/designees signature _____ Date _____ Phone
ext. _____