

Cambridge Public Schools
Child Requiring Assistance Request Form

Student's Name Last:				First:				
Address: Street			City		State		Zip Apt.	
Phone: (H)		(C)		School/LC (Highschool)		DOB	Gender	Grade
Parent/Guardian Name Last:				First:		Parent/Guardian DOB (REQUIRED)		
Address if Different from Student:				Phone (H)		(C)		
Current Year Days Absent:		Days Tardy:		Last Year Days Absent:		Days Tardy:		

Truancy Prevention Program Team (Print Names Below)				Team Member to Appear in Court (List Name Here):			
Principal				Assistant/Deans/SAM			
School Psychologist				DCF Worker			
School Counselor							
School Social Worker							
Teacher							

List Dates/Times:

Phone Calls								
Meetings with Student								
Conferences								
Home Visits								

IEP: YES () NO () If yes, please attach

List Specific Steps Taken to Prevent Truancy:

Principal/Designee Signature: _____ Date: _____ Ext: _____