

**Child Requiring Assistance Request Form**  
Department of Safety & Security

<b>Student Name</b>			
LAST NAME		FIRST NAME	
<b>Address</b> ( <i>Street, Apartment, City, State, Zip</i> )			
<b>Home Phone</b>	<b>Cell Phone</b>	<b>Student's Date of Birth</b>	<b>Gender</b>
<b>School Name</b>		<b>LC (if applicable)</b>	<b>Grade</b>
<b>Caregiver Name</b>			
LAST NAME		FIRST NAME	
<b>Caregiver's Date of Birth</b> <b>**REQUIRED**</b>		<b>Home Phone</b>	<b>Cell Phone</b>
<b>Address if different from student</b> ( <i>Street, Apartment, City, State, Zip</i> )			
<b>Current School Year</b>		<b>Last School Year</b>	
DAYS ABSENT:	DAYS TARDY:	DAYS ABSENT:	DAYS TARDY:

Truancy Prevention Program Team		Team Member to Appear in Court	
<b>Principal</b>		<b>Assistant/Deans/SAM</b>	
<b>School Psychologist</b>		<b>DCF Worker</b>	
<b>School Counselor</b>			
<b>School Social Worker</b>			
<b>Teacher</b>			

List Dates/Times for the Following							
<b>Phone Calls</b>							
<b>Student Meetings</b>							
<b>Conferences</b>							
<b>Home Visits</b>							

<b>Does the student have an IEP?</b>	YES (if yes, please attach IEP)	NO
--------------------------------------	---------------------------------	----

**List Specific Steps Taken to Prevent Truancy**

Principal/Designee Signature	Date	Phone Number

**CRA Document Checklist**

Student's Emergency Card  
Attendance Reports (Current Year & Last Year)  
Discipline Reports  
Grades  
IEP (if applicable)  
CRA Request Form  
Any other supporting documents