

STUDENT SUPPORT SERVICES DIVISION
STUDENT ATTENDANCE REFERRAL FORM (SARF)
SCHOOL YEAR: 2025 – 2026

Student Name: _____ Gender: _____ Ethnicity: _____ Grade: _____ School: _____

DOB: _____ Age: _____ Home Phone: _____ Cell Phone: _____

Emergency Contacts: _____

Home Address: _____

Father's Name: _____ Mother's Name: _____

Employed By: _____ Employed By: _____

Work Phone: _____ Work Phone: _____

Utilize the following symbols to distinguish student absences	AUGUST 2025					SEPTEMBER 2025					OCTOBER 2025					
	M	T	W	TH	F	M	T	W	TH	F	M	T	W	TH	F	
○ = Unexcused Absences					1	H	2	3	4	5				1	2	3
⊗ = Excused Absences	P	P	P	7	8	8	9	10	11	12	6	7	8	9	10	
S = Suspension	11	12	13	14	15	15	16	17	18	19	13	14	15	16	17	
	18	19	20	21	22	22	23	24	25	26	20	21	EC	MC	HC	
	25	26	27	28	29	29	30				27	28	29	30		
	(August 7, 2025 First day of Classes)															
NOVEMBER 2025					DECEMBER 2025					JANUARY 2026					FEBRUARY 2026	
M	T	W	TH	F	M	T	W	TH	F	M	T	W	TH	F	M	
H	PD	5	6	7	1	2	3	4	5	H	R				2	
10	H	12	13	14	H	9	10	11	12	PD	6	7	8	9	3	
17	18	19	20	21	15	16	17	18	FMD	12	13	14	15	EC	4	
24	25	26	H	FMD	R	R	R	R	R	H	20	21	22	23	5	
										26	27	28	29	30	6	
MARCH 2026					APRIL 2026					MAY 2026					JUNE 2026	
M	T	W	TH	F	M	T	W	TH	F	M	T	W	TH	F	M	
H	3	4	5	6	PD	7	8	9	10	R	R	R				
9	10	11	12	13	13	14	15	16	17	4	5	6	7	8	SUMMER	
16	17	18	19	MC	20	21	22	23	24	11	12	13	14	15	VACATION	
HC	24	25	26	27	27	28	29	30		18	19	PD	21	B		
R	R									SUMMER	VACATION					

NC=No Classes H=Holiday R=Recess PD=Professional/Staff Development Day EC=Elem. Conf. MC=Middle Conf. HC=High Conf. SHSC=Conf.

FMD= Flexible Makeup Day

EXCUSED ABSENCES _____ **UNEXCUSED ABSENCES** _____ **TOTAL ABSENCES** _____ **SUSPENSION** _____

NOTE: To be completed by the SCHOOL ADMINISTRATOR ONLY. All School Level Interventions must be completed.

- Was the habitual truancy a result of Bullying? YES / NO If yes, was the child referred to a Counselor, Social Worker, etc. Please specify and provide documentation.
- Status of Bullying: Pending / Completed If pending, Please explain or provide necessary attachments: _____
- School Level Interventions: ALL Interventions on OTRF must be completed prior to submission of this SARF. (Please check all that apply and provide documentation.)
 Counseling Mandatory Parent Conference(s) Attendance Contract Home Visit Truancy Prevention Notice Child Study Team Referral to School
 Psychologist Referral to Social Worker Other
- All OTRFs have been inputted into PowerSchool? YES / NO

*****I signify that this attendance information is correct and request the Superintendent of Education to file a Habitual Truancy Petition on this student if it indicates that he/she is a Habitual Truant.*****

ADMINISTRATOR NAME: _____ SIGNATURE: _____ DATE: _____

School Attendance Officer Signature: _____ Date Received: _____

School Attendance Officer Supervisor Signature: _____ Date Received: _____

School Attendance Officer will provide feedback via Response to SARF Form within 5 days and provide updates every five days until SARF is closed or A Habitual Truancy Petition is filed in Family Court.