

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

1. 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.
2. Status of Bullying: Pending / Completed If pending, Please explain or provide necessary attachments: _____
3. 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
4. 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.