## Project Chalkboard

## REFERRAL FORM

When requesting truancy intervention from the Genesee County Prosecutor's Office, please compete this form and return to:

Genesee County Prosecutor's Office Attn: John Potbury 900 S. Saginaw St. Flint, MI 48502

Phone: (810) 257-3215 Fax: (810) 257-3219

E-mail: jpotbury@co.genesee.mi.us

Student Last Name:	First Name:	Middle Initial
School Name:	District:	
School located in	□ City □ Townshi	ip (please check one)
Gender		
Child's Birthdate:	(day/month/year)	
Current grade Level of Child:		
Please indicate how many absence	es/tardies this child has had	this school year:
Parent/Guardian's Name:		
Address:		·
Have you attempted to contact th mail? If so, on what dates and wh	nat was the response?	legal guardian by certified or registered
Please note any additional comme		

NOTE: Although it is not necessary at this stage, feel free to include any supporting documents or letters that might be relevant to this case. Such information can and should be given to the police during their investigation if it gets to that stage. (See ProjectChalkboardChecklist for more information).

\*\*\* THIS DOCUMENT IS AVAILABLE ELECTRONICALLY AT www.geneseeisd.org \*\*\*