

Brad Paschal  
 Probation & Court Services,  
 Program Coordinator  
 Andrew Reinking  
 Regional Office of Education,  
 Assistant Regional  
 Superintendent



157 N. Main Street  
 Edwardsville, Illinois  
 62025  
 Phone: 618/692-8961  
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## MADISON COUNTY TRUANCY REVIEW BOARD

### ATTENDANCE AFFIDAVIT

**STUDENT NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

**ADDRESS:**

\_\_\_\_\_

**MOTHER'S  
 NAME:** \_\_\_\_\_

**MOTHER'S  
 ADDRESS:** \_\_\_\_\_

**FATHER'S  
 NAME:** \_\_\_\_\_

**FATHER'S**

**ADDRESS:** \_\_\_\_\_

**STUDENT'S ATTENDANCE**

**SCHOOL YEAR** \_\_\_\_\_ **DAYS ABSENT** \_\_\_\_\_

**SCHOOL YEAR** \_\_\_\_\_ **DAYS ABSENT** \_\_\_\_\_

**DAYS UNEXCUSED WITHIN THE PAST 180 DAYS:** \_\_\_\_\_

**(Numbers and dates must be completed on this form)**

*CHRONIC TRUANCY CRITERIA (5% or more of the previous 180 regular attendance days)*

|                   | YEAR  | TOTAL DAYS<br>ENROLLED | PRESENT | ABSENT<br>WITH VALID<br>CAUSE | TRUANT |
|-------------------|-------|------------------------|---------|-------------------------------|--------|
| AUGUST-SEPTEMBER- | (20 ) | _____                  | _____   | _____                         | _____  |
| OCTOBER           | (20 ) | _____                  | _____   | _____                         | _____  |
| NOVEMBER          | (20 ) | _____                  | _____   | _____                         | _____  |
| DECEMBER          | (20 ) | _____                  | _____   | _____                         | _____  |
| JANUARY           | (20 ) | _____                  | _____   | _____                         | _____  |
| FEBRUARY          | (20 ) | _____                  | _____   | _____                         | _____  |
| MARCH             | (20 ) | _____                  | _____   | _____                         | _____  |
| APRIL             | (20 ) | _____                  | _____   | _____                         | _____  |
| MAY-JUNE          | (20 ) | _____                  | _____   | _____                         | _____  |

I, \_\_\_\_\_ do hereby certify that the above is a true and accurate  
 testament of the named students attendance at \_\_\_\_\_ in the district of  
 \_\_\_\_\_ (School)  
 \_\_\_\_\_ (District).

\_\_\_\_\_  
 (Administrator's Signature)

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## MADISON COUNTY TRUANCY REVIEW BOARD

Signed and sworn to (or affirmed) by \_\_\_\_\_ before me, on  
(Name of Administrator)

\_\_\_\_\_  
(month, day, year)

(SEAL)

\_\_\_\_\_

(Notary Signature)