



OFFICE OF THE PROSECUTING ATTORNEY
DWIGHT K. SCROGGINS, JR., PROSECUTING ATTORNEY
 411 Jules, Buchanan County Courthouse, St. Joseph, Missouri 64501

— COMPULSORY SCHOOL ATTENDANCE SUBMISSION REPORT —

Prosecutor _____ School _____
 Date Submitted _____ Submitted By _____

Defendant #1 _____ Address _____
 City _____ Phone _____ Date of Birth (if known) _____
 Social Security # (if known) _____ Relationship to Absent Student _____

Defendant #2 _____ Address _____
 City _____ Phone _____ Date of Birth (if known) _____
 Social Security # (if known) _____ Relationship to Absent Student _____

#1 Absent Student's Name _____ Age _____ Date of Birth _____
 No. of Unexcused Absences _____ No. of Tardies _____ (Please include ATP-13 or appropriate attendance form)

#2 Absent Student's Name _____ Age _____ Date of Birth _____
 No. of Unexcused Absences _____ No. of Tardies _____ (Please include ATP-13 or appropriate attendance form)

#3 Absent Student's Name _____ Age _____ Date of Birth _____
 No. of Unexcused Absences _____ No. of Tardies _____ (Please include ATP-13 or appropriate attendance form)

#4 Absent Student's Name _____ Age _____ Date of Birth _____
 No. of Unexcused Absences _____ No. of Tardies _____ (Please include ATP-13 or appropriate attendance form)

Was the defendant notified by the school of the child's absenteeism? YES NO
 If YES, by which means (mail, phone, etc.) _____

Has absenteeism adversely affected the child's grades? YES NO

 Teacher's Signature - (Required)

NAMES OF PERSONS WHO HAD CONTACT WITH DEFENDANT ABOUT CHILD'S ABSENCE

Name	Address	Phone	Position
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CASE SUMMARY

[For Office Use Only]

CHARGE DECISION (Date) _____

CLEAR FORM

PRINT FORM

SUBMIT FORM