

**TROUP COUNTY SCHOOL SYSTEM
Truancy Protocol
WARRANT REQUEST**

Law Enforcement Agency:

_____ Troup County Sheriff's Department	706-883-1616	706-883-1694 FAX
_____ LaGrange Police Department	706-883-2603	706-883-2652 FAX
_____ Hogansville Police Department	706-637-6648	706-637-9933 FAX
_____ West Point Police Department	706-645-2226	706-643-3299 FAX

School requests that law enforcement pursue legal action against:

Parent(s)/Guardian(s): _____

Name of Child: _____

Age: _____ Date of Birth: _____ Race: _____ Gender: _____

Home Address: _____

Home Telephone: _____

Work Address: _____

Work Telephone: _____

School: _____

Principal: _____ Date: _____

Reason:

_____ The child continues to have excessive absences. Parents or guardian have been notified of the consequences for non-compliance of the Compulsory Attendance Statute.

_____ Other (please explain): _____

Date of Entry at Present School: _____

Number of Absences: _____ Number of Tardies: _____ Number of Early Dismissals _____

Attach the official attendance report

NOTE: Please fax a copy of the letter delivered to the parent to the referring school

DELIVERY LOG:

Officer's Signature: _____

Date: _____

Parent/Guardian's Signature: _____

Date: _____