



Juvenile Division

PACT

(Prosecutor's Abolish Chronic Truancy)

Truancy Intervention Program

in partnership with

Wayne County School Districts

Law Enforcement Agencies

Wayne County District Courts

This is a sample letter that may be sent by the local school attendance official when a student has 10 or more absences.

Date

Parent(s)/Guardian (s) Name

Address

City, MI Zip Code

Re: Attendance of **Name of Student**

Dear Parent(s)/Guardian(s) of (**Name of Student**):

I am concerned regarding (**Name of Student**) attendance. School has been in session for _____ days and _____ has missed a total of _____ days. The school considers this to be excessive.

I would like to remind you that the Michigan School Law states that it is the responsibility of parents to see that their children between the age of six and sixteen be in regular attendance at school. Please contact me as soon as possible so that we can further discuss this matter. Otherwise, it will be my expectation that _____ will maintain regular school attendance following your receipt of this letter or we will make a referral to the Wayne County Prosecutor's Office.

Sincerely,

School Principal
School Attendance Officer

Kym L. Worthy
Wayne County Prosecuting Attorney

NOTE This letter is sent by the attendance official
May be sent regular mail
Add your own letterhead
File a copy of this letter

Wayne County Prosecutor's Office
Prosecutor's Abolish Chronic Truancy Program (PACT) Referral Form
Phone: 313.833.3115

This form is to be completed when the student has 18 or more unexcused absences and an alert letter has been sent.

Mail Completed Form To: APA Roberta Bryant
Wayne County Prosecutor's Office – Juvenile Division
1025 E. Forest
Detroit, MI 48207
-or-
FAX To: 313.833.2467

Student Information

Student Name _____ Date of Birth _____ Age _____
Gender: Male Female Ethnicity: _____
School Name: _____ Grade: _____
Special Ed? Yes No

Parent/Guardian Information

PARENT/GUARDIAN #1

Name _____ Date of Birth _____
Address _____ City _____ Zip _____
Phone (Home): _____ (Work): _____ (Cell): _____

PARENT/GUARDIAN #2

Name _____ Date of Birth _____
Address _____ City _____ Zip _____
Phone (Home): _____ (Work): _____ (Cell): _____

Referrals Will Not Be Accepted Without A Complete Address

Alert Letter Date: _____ Dates of Truancy: _____

Days Absent _____ # Days Tardy _____ TOTAL # Days Unexcused _____

School Referring: _____ Date _____

Title _____ Phone# _____

**ATTACH A COPY OF THE CHILD'S ATTENDANCE RECORD – AND
ATTACH A COPY OF THE ATTENDANCE LETTER SENT TO THE FAMILY**

School Custodian of Records

AFFIDAVIT

State of Michigan)

County of Wayne)

_____, being first duly sworn upon oath, deposes and says:

- I. He/she is the duly authorized custodian of attendance records at _____ in _____, Wayne County, Michigan.
- II. The attached is a true copy of the school attendance records of _____
- III. That the attached records are kept in the regular course of business of _____
- IV. That the attached attendance record are compiled from first hand information at or near the time of a student's absence, and are maintained on a daily basis in the daily operation of the school.

Dated this _____ day of _____ 20__

Signature-Custodian of Records

Print Name and Phone Number

SUBSCRIBED AND SWORN before me this _____ day of _____, 20____,

by _____

My Commission Expires on:

Notary Public

This is the link to the *Juvenile Complaint Order (JC0-1)*

<http://courts.michigan.gov/scao/courtforms/juvenile/jc01.pdf>