



Stockton Unified School District
CHILD WELFARE AND ATTENDANCE
 Student Support Services
 1144 East Channel Street • Stockton, CA 95205-4997

BOARD OF
 EDUCATION
 Cecilia Mendez
 Andrea Burrise
 Kathleen Garcia
 Lange P. Luntao
 Maria Mendez
 Angela Phillips
 Steve Smith

PARENT SUPPORT FORM

STUDENT NAME	SCHOOL	DATE OF BIRTH

Parent Name:	Parent Name:
Current Street Address:	Apartment:
Email:	Phone Number:

Check box if you need any of the following services:

Foster Youth Transportation
 Families in Transition Other: _____

Something you would like to share about what you learned today: _____

I understand that every minute counts, an absence is an absence- excused or unexcused, my child/children is/are missing out on instruction and a connection to the school. While others can help, I understand I am ultimately responsible for my child's attendance.

Signature:	Date:
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CWA Use Only:

Staff:	Documented:
Referred to:	Department:
Additional Notes:	