

School Site Request for Inactivation Due to Truancy

The school site is to contact the parent/guardian and emergency contacts at all listed telephone numbers and document all attempted contacts. Documentation from the school site should be from more than one day, showing you have tried to make contact with the parent over the course of the 10 days and by calling all numbers on synergy. Once this process is completed, the school site will forward the information to the CWA social case manager assigned to that site. Social case manager will email assigned **truancy outreach specialist** and cc CWA admin and school secretary requesting the inactivation. TOS will conduct a separate investigation into the student's whereabouts. Schools will be notified 3-5 school days regarding the status from date TOS receives the request. CWA administrator will approve for inactivation through email, once the investigation is complete and they are truly an inactivation. **ONLY after this process is complete will the school site be authorized to inactivate the student.** Note that when inactivating, the record of absences is deleted back to the last full day of attendance, which is also the leave date.

SCHOOL REQUEST FOR INACTIVATION (PLEASE PRINT)

Student Name	Grade	School ID
School Site	Principal	Principal Signature
Staff Requesting Inactivation	Staff Contact number	Extension

VERIFY THAT THE FOLLOWING PROCESSES HAVE BEEN COMPLETED AND SUBMIT THE REQUEST FOR INACTIVATION

Date:	Parent/Guardian/Contact Name:	Phone:	Notes:	Contact Made By:
Date:	Parent/Guardian/Contact Name:	Phone:	Notes:	Contact Made By:
Date:	Parent/Guardian/Contact Name:	Phone:	Notes:	Contact Made By:
Date:	Parent/Guardian/Contact Name:	Phone:	Notes:	Contact Made By:

CHILD WELFARE AND ATTENDANCE ACTIVITY

Date:	Parent/Guardian/Contact Name:	Phone:	Home Visit:	Notes:	CWA Staff:
Date:	Parent/Guardian/Contact Name:	Phone:	Home Visit:	Notes:	CWA Staff:
Date:	Parent/Guardian/Contact Name:	Phone:	Home Visit:	Notes:	CWA Staff:

CWA Staff Signature _____
 Inactivation Request Granted YES NO
 CWA Administrator Signature _____
 Site Notified YES NO
 Student Leave Date _____

Date: _____
 Date: _____
 Date: _____
 Date: _____

Please SCAN and Email to your Assigned Social Services Case Manager