

PARENT CONTACT VISIT

Date _____

- _____ **Truancy**
- _____ **Beyond Control of School**
- _____ **Educational Neglect - Failure to Send Child to School**
- _____ **Medical Non – Compliance**

_____ **Student Name** _____ **D.O.B.** _____ **Student’s School / Grade**

_____ **Parent/Guardian’s Name** _____ **Parent D.O.B**

_____ **Address** _____ **Phone #** _____ **Time of visit**

May we enter your home? _____ yes _____ no

If yes, any concerns with the condition? _____

What is the reason for the issue marked above? _____

PURSUANT TO KRS 159.180 Parents may be responsible for children’s violations. For educational neglect failure to send child to school and for medical non-compliance court action is filed on the parent/guardian. For truancy/beyond control of school court action is filed on the student.

I have received written notice of violation, and I understand that continued non-compliance will result in court action.

_____ **School Staff / SRO Signature**

_____ **Parent/Guardian Signature**

_____ **Child Signature**

_____ **Date**