FAILURE TO ATTEND SCHOOL (STUDENT)
EDUCATION CODE 25.094

CAUSE NO. _____

Student/Individual's Name:	**Parent(s) Name:**
Street Address:	
CSZ:	**Street Address***(if different)***:**
DOB: Age: Sex: Race:	**CSZ:**
Social Security #:	**Telephone Number: ( )**
DL # (if known):	
Student receives Special Education Services:	

- ☐ 3 or more days or parts of days within a four-week period; or

OR

- ☐ 10 or more days or parts of days within a six-month period;
- ☐ Attached attendance records with unexcused absences/tardies,
- ☐ Date of last unexcused absence: _____
- ☐ _____School has informed the respondents of the requirements of the Compulsory School Attendance Law and of the potential consequences to each respondent of non-compliance with the law.
- ☐ The truancy prevention measures as outlined in_____ ISD policy [FEA (Legal)] have been applied, and have failed to meaningfully address the student respondent's school attendance.

IN THE NAME AND BY AUTHORITY OF THE STATE OF TEXAS:

Before me, the undersigned authority, on this day personally appeared the undersigned Affiant who being duly sworn, says upon his/her oath that he/she has good reason to believe and does believe based on his/her personal observation or investigation of this offense, that beginning on or about, _____, 20____, and before the making and filing of this complaint, in the Justice of the Peace, Precinct 2 Court, County of Wise and the State of Texas, said individual, did then and there intentionally and knowingly fail to attend school, being at all relevant times within the compulsory school attendance ages and not lawfully exempt or properly excused, on ten or more days or parts of days within a six-month period, or on three or more days or parts of days within a four-week period, within the same school year, AGAINST THE PEACE AND DIGNITY OF THE STATE.

_____
Affiant

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

_____
Notary Public / Clerk of the Court
Wise County, Texas

Name of School:	**Name of Affiant:**
Street Address:	
CSZ:	
Telephone Number:	**Fax Number:**