**LORAIN COUNTY DOMESTIC RELATIONS COURT**

**Juvenile Division**

**Lorain County Attendance Program**

Lorain County Assessment Center

1070 Infirmary Road Elyria, Ohio 44035

Fax: (440) 326-4079

Donna Rivera-Wells: (440) 326-4874

Jennifer Kerns: (440) 328-2213

Sherry L. Glass Frank J. Janik Lisa I. Swenski

 **ELECTRONIC REFERRAL FORM**

**Please Type Information into the fields below and email ALL Referrals to:** **attendance@lcfct.org**

Date:

**Attendance Officer:** Choose an item.

District:      School:

**Reason for Referral:** Choose an item.

Student’s Name:      DOB:      Grade:

Address:      Apt:     City:      Zip:

**Gender:** Choose an item.

**Race:** Choose an item.

Mother:­      Address:      Ph:

Father:      Address:      Ph:

Caregiver:      Address:      Ph:      ­­­­­

**Student Resides With:**Choose an item.

Emergency Contact **(Other than Parent/Guardian)**

Name:     Relationship**:**Ph**:**

**Triggering Absence Date:**

Principal/Asst. Principal**:**School Rep:

**Required Referral Paperwork:** [ ]  **Excessive Absence Letter** [ ]  **Attendance Printout**

 **Principal/Assistant Principal (Print)**

\*Please note that the form must be **completed in full** or it will not be accepted\*