



Kings County SARB Referral



SARB : CEN. USD COR. USD HANFORD AREA HESD HJUHSB
 LUESD LUHSD LNAS PUSD RSUSD

Student: _____ DOB: _____
 Parent A: _____ DOB: _____
 Parent B: _____ DOB: _____
 Guardian: _____ DOB: _____

Physical Address: _____

Mailing Address (if different): _____

School Site: _____ Grade: _____

IT IS HEREBY ALLEGED THAT THE RESPONSIBLE PARENT OR GUARDIAN:

Mark one:

- has failed to respond to directives as required by SARB on _____ (Date of hearing)
- has failed to complete TIPP or other community resource required by SARB on _____ (Date of contract)
- has failed to attend a SARB hearing on _____ & _____ as required.

Unexcused All Day Absences: _____ **Tardies (30 min. or more):** _____ **Total Cuts:** _____

District Witnesses:

Name:	_____	Name:	_____
Title:	_____	Title:	_____
School:	_____	School:	_____
Address:	_____	Address:	_____
PO Box	_____	PO Box	_____
City/ZIP	_____	City/ZIP:	_____
Phone #	_____	Phone #	_____

Completed by: _____ Date: _____

