

Youth Services Bureau
306 Union Ave.
Laconia, NH 03246
(603) 524-9457

**Truancy/Out of School Suspension Program (OSS)
Referral Form**

Student's Name: _____ Student Case #: _____
School: _____ Days in OSS: _____
Reason for Referral: _____

DOB: _____ Referral Date: _____

Mailing Address: _____

Home Phone: _____

Mother's Name: _____ Work Phone: _____

Father's Name: _____ Work Phone: _____

Emergency Contact: _____ Phone: _____

Special Medication Information: _____

Special Education Codings with modifications: _____

Parents/guardians: This program is designed to provide your child with a more constructive alternative to being suspended from school. In order to be eligible to participate and to receive full credit in the OSS Program, your child must accept responsibility for his/her actions and also be willing to make positive changes to ensure his/her success.

The student understands that by signing this form:

1. He/she is accepting responsibility for his/her actions and agreeing to become involved in the OSS Program which entails participation in a structured day away from school.
2. He/she is responsible for **providing his/her own lunch/snack and beverage** while participating in the OSS Program.
3. He/she acknowledges awareness of the goal of the OSS Program, which is to make up schoolwork, perform community service, and participate in group and individual activities aimed at re-integrating him/herself back into the school setting.
4. He/she will be required to abide by the code of conduct set forth by the OSS Program.
5. He/she acknowledges awareness that his/her participation in the program will be graded throughout the day and non-compliance will result in further disciplinary actions.

Youth's Signature: _____

Parent's/Guardian's Signature: _____

School Official's Signature: _____ Date: _____