

Jefferson County Public Schools
DEPARTMENT OF PUPIL PERSONNEL
HEAD LICE CONFERENCE REFERRAL FORM

Please fax to:

Pupil Personnel (502) 485-6411

Attention: Pupil Personnel

Date of Referral: _____

School: _____

Student Name: _____

Student ID#: _____

Address: _____

Parent/Guardian Name: _____

Teacher: _____

Number of Days Absent: _____

Dates Missed Due to Head Lice: _____

Has a Truancy Referral been made? Yes No

Referring Staff Member: _____

Staff Member Number: _____

PLEASE ATTACH COMPLETED HEAD LICE AND/OR NITS RECORD(S) & HEAD LICE AND/OR NITS REFERRAL INTERVENTION FORM(S)