

NAME _____ DOB _____

SCHOOL _____

PARENT(S) NAME & ADDRESS

FATHER _____

MOTHER _____

ADDRESS _____

PHONE _____

| DATE | REASON FOR CONTACT | REMARKS |
|------|---|---------|
| | School Determines Truancy Violation | |
| | Truancy Letter #1 Sent from School | |
| | Parent Conference at School Site | |
| | Student Receives 4 th Unexcused Absence | |
| | Truancy Letter #2 Sent | |
| | SARB Officer may make Home Visit | |
| | Student Receives 5 th Unexcused Absence | |
| | SARB Hearing Date Set and Notification of SARB Members | |
| | SARB Hearing (Contract Signed) | |
| | Additional Unexcused Absences and/or Violation of SARB Contract | |
| | Student Cited for Truancy by Probation-Up to Three Times | |
| | SARB Referral to District Attorney | |