(Insert Name) School
SCHOOL SITE ATTENDANCE CONTRACT
Summary of Directives

Name of Minor: __________________________ Age: ______ Date of Conference: ____________

Reason(s) for referral to SART: ______ Unexcused Absences ______ Tardies over 30 min. ______ Problem Behavior

In order to maximize the chances for educational success, the following agreement is entered into on Date: ________________

This agreement is between Principal/Designee: ________________________________________

Student: __________________________________ and Parent: ________________________________

A complete review of this agreement will take place on Date: ____________________________

(Check the box next to each directive that applies.)

1. The parent/guardian will make sure the student arrives to school on time and attends school on a daily basis.

2. The parent/guardian will not be permitted to excuse student absences. If the student must be absent from school:
   a. The parent will provide a written note from a Medical Provider verifying the student is too ill to attend school, or
   b. The parent will bring the student to school to allow school staff to verify that student is too ill to attend school.
   c. The parent will obtain advance written approval from the school principal to authorize excused absences for reasons other than illness.

3. The parent/guardian is directed to enroll the student in, and keep the student enrolled in a school operated by the school district in which the student resides.

4. The parent/guardian will attend appointments/parent conferences when requested.

5. The student will attend school on a daily basis.

6. The student will arrive for school and classes on time.

7. The student will obey all school rules and regulations.

8. The student will complete all school assignments.

Additional Directives:

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

To assist the parent/guardian and student in complying with the directives stated above, the (Name of School) makes the following resources and services available:

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

I understand the directives outlined above and acknowledge that failure to fully comply with these directives may result in a referral to the Glenn County School Attendance Review Board (SARB). I also understand the directives outlined in this document will remain in force until the end of the current school year.

__________________________ Date__________________________
Signature of Parent / Guardian Date

__________________________ Date__________________________
Signature of Minor Date

__________________________ Date__________________________
Signature of Parent / Guardian Date

__________________________ Date__________________________
Signature of School Official Date