

(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.

Signature of Parent / Guardian _____ Date _____ Signature of Minor _____ Date _____

Signature of Parent / Guardian _____ Date _____ Signature of School Official _____ Date _____