



School Attendance Contract

Our goal is to have every student in their seat every day because every absence, even excused, makes it more difficult for students to succeed. This contract is an agreement between the school, the student, and their family, to improve this student's attendance.

STUDENT INFORMATION

Student's Name: _____ Student ID #: _____
Grade: _____ Age: _____ DOB: _____

FAMILY INFORMATION

Name of Parent(s) or Guardian(s): _____
Family Address: _____
Family Phone: _____



Number of Excused Absences: _____ Number of Unexcused Absences: _____

CONCERNS / REASONS FOR ABSENCES

- | | | |
|--|---|---|
| <input type="checkbox"/> Late to School | <input type="checkbox"/> Peer Conflicts | <input type="checkbox"/> Work/Job |
| <input type="checkbox"/> Late to Class | <input type="checkbox"/> School Anxieties | <input type="checkbox"/> Needed at Home |
| <input type="checkbox"/> Skipping School | <input type="checkbox"/> Afraid of School | <input type="checkbox"/> Illness: _____ |
| <input type="checkbox"/> Missing Bus | <input type="checkbox"/> Poor Grades | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Bus Suspension | <input type="checkbox"/> Tired/Oversleep | |

Student's explanation for attendance difficulties:

Parent/guardian's view of attendance difficulties:

Teacher/staff's view of attendance difficulties:



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The Student agrees to (check all that apply):

- Come to school every day on time—no unexcused absences or tardies in any class
- Complete all make-up work and any tutorial required by a teacher
- Turn in all school work on time
- Obey school rules in class & on the bus

Participate in the following counseling and/or education programs:

Comply with any additional terms or activities described below:

The Parent(s)/Guardian(s) agree to (check all that apply):

- Get student to school every day on time
- Contact the school each time the student is absent
- Not remove student from school for full or partial days without providing a valid reason to the school
- Provide medical verification of absences due to illness or send student to school to be checked by the School Nurse

Attend all meetings scheduled by the school and/or the student's teacher(s)

Participate in the following attendance programs:

Comply with any additional terms or activities described below:

The school agrees to the following support:

I/We consent to participate in the above agreement and understand if I/we fail to keep this agreement, I/we will be required to participate in a School Attendance Review meeting with the District Attorney's office.

_____ Date: _____
Student Signature

_____ Date: _____
Parent/Guardian Signature

_____ Date: _____
School Representative Signature