## SAMPLE ATTENDANCE CONTRACT

STUDENT'S NAME:		DATE:
AGE:	DOB:	GRADE:
FAMILY DATA:		
Parent's Nam	ne:	
Address:		
Phone:		
SCHOOL CONCERNS	S/WHY STUDENT IS ABSEN	T FROM SCHOOL?
Late to schoolMissing busSchool anxietiesTired/OversleepWork/Job	Bus suspensionPoor GradesIllness:	Skipping schoolPeer ConflictsNeeded at homeAfraid of school
SCHOOL ATTENDA	NCE/CONTRACT EXPECT	TATIONS:
Student's Signature:		
REVIEW DATES:		
REWARDS:		

## SCHOOL CONTRACT PARENT MEETING

PARENT NAME:	
STUDENT NAME:	
OTHER ATTENDEE:	
PARENT'S CONCERNS:	
PARENT'S GUARDIAN SHALL:  1. Get child to school every day on time: 2. Expect your child to be in school/class on time: 3. Provide the school with medical documentation 4. Contact the school in the morning if your child the reason for absence. 5. Expect and support school consequences for un NOTES/CONCERNS:	n of illnesses/medical appointments. will be absent from school & provide
Effective Date of Contract:	
Parent Signature:	
Signatura Attendance Associates	Date