**School Attendance Contract**

| I,   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ agree to attend \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ beginning \_\_\_\_\_\_\_\_\_\_\_\_\_\_                                         (Student Name)                                                                               (School Name)                                         (Date)on a daily basis.                                                                   I also agree to the following:           \_\_\_\_\_ I will attend school every day for the entire day.           \_\_\_\_\_I will be on time for all my classes.           \_\_\_\_\_ I will not receive any disciplinary referrals.           \_\_\_\_\_ I will participate fully in all my classes.           \_\_\_\_\_ I will complete all assigned homework.           \_\_\_\_\_ I will turn off electronics one hour prior to bed.           \_\_\_\_\_ I will go to bed in time to ensure adequate sleep.           \_\_\_\_\_ I will gather all school items the night prior.           \_\_\_\_\_ If absent due to illness or appt., I will be responsible for turning in documentation about absence. |
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|       I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , parent/guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*(Parent Name)                                                                                                         (Student Name)*       agree to cooperate with Escambia County Schools in order to improve my child’s attendance and performance in           school.  I also agree to comply with the following beginning immediately.          *(check only those that apply)*        \_\_\_\_\_ I will be responsible for obtaining documentation about my child’s absences and verifying that the school                         receives the documentation.        I understand that absences will only be excused according to Escambia County School Policy which states:  * *Parents/guardians are responsible for providing written notification within* ***three days*** *of the student’s return to school or the absence will result in an unexcused absence.*
* *Absences related to illness or injury of the student requires written notification by the parent/ guardian for absences up to five consecutive days.  Absences exceeding five consecutive days require a physician’s statement.*
* *Ten written notifications from parents/guardians can be accepted in ninety calendar days for absences related to illness or injury of the student.* ***Any additional absences would require a physician’s statement.***

         \_\_\_\_\_\_ If skipping is a problem; I will contact the school on a weekly basis to verify my child’s attendance.         \_\_\_\_\_\_ A doctor’s note is required to excuse any future absences.         \_\_\_\_\_\_ I will take all measures to ensure that my child attends school daily and on time.         \_\_\_\_\_\_ Alternative education/resources were discussed and provided as follows:                       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| By signing below you acknowledge, you have been given a copy of your child’s current attendance record, you have been given a copy (or excerpts from) of the student’s rights and responsibility handbook, and given information regarding the next step if your child’s attendance does not improve.  We agree to all of the above and will comply with these terms beginning immediately.  If this written contract is broken, Escambia County School District will begin procedures for Court action. |  |
| Student Signature | Date | Administrator/Designee  | Date          |  |
| Parent Signature | Date | School Counselor | Date |  |