

The **Contra Costa County Office of Education School Attendance Review Board**, having received a referral from _____ conducted a SARB Hearing on _____.

The SARB Hearing Panel determined that _____ (student),
DOB _____, would benefit from the directives of this agreement. The student and parent agree to follow the conditions set forth below.

THE STUDENT SHALL:

- Attend school daily, arrive on time, and remain at school for the full time assigned.
- Follow all school rules and maintain appropriate behavior while at school.
- Speak with someone at the school site if there is something interfering with him/her getting to school.
- Attend and participate in recommended school/district program(s) noted below:

- Attend and participate in the following:

- Other:

THE PARENT SHALL:

- Maintain their legal obligation to ensure that their child attends school each day, arrives on time, and remains at school the full time assigned.
- Provide a physician's written verification or obtain a school official's verification for all illness absences after _____ day(s).
- Attend all meetings and conferences concerning their child at school.
- Schedule appointments for counseling with _____ for their [] child [] family.
- Immediately advise the school and SARB of any changes in address and/or telephone number.
- Other:

THE SCHOOL SHALL:

- Arrange for specific school/district programs designated above.
- Arrange for special testing or other site interventions: _____
- Develop a behavioral agreement with student and parent.
- Provide updated attendance reports and information to SARB for reviews.
- Other:

ADDITIONAL DIRECTIVES/RECOMMENDATIONS/REFERRALS:

The effective dates of this contract are: _____ to _____.

The contract can be made for any number of years, but typically, depending on the child's age, would extend to cover the completion of elementary, middle or high school.

By signing this contract, we are agreeing to work with the student, family and the School Attendance Review Board to fulfill attendance and/or behavioral requirements prescribed by law and the school. We understand and agree that this attendance contract is enforceable, and that failure to comply with this contractual agreement will result in referral to the Contra Costa County District Attorney's Office and other agencies as appropriate.

I have read a copy of this agreement and understand the terms, and agree to comply with all of the conditions indicated.

Parent/Guardian

Student

Parent/Guardian DOB: _____

DL#: _____

School Site Administrator

County SARB Chairperson

Date of Next Review Meeting