

ABSENCES FOR STUDENTS OVER THE COMPULSORY ATTENDANCE AGE

Date: _____

Dear Parents/Guardians:

According to our records, your son/daughter, _____, has accrued _____ days of unexcused absences this school year. In addition, he/she has had _____ days consecutive absences since _____. This many absences is a source of concern to us and we would like to address it with you.

The following interventions have been tried without success:

- | | | | |
|--------------------------|--|-------------|-----------|
| <input type="checkbox"/> | Parent Letter | Date: _____ | By: _____ |
| <input type="checkbox"/> | Parent Phone Call | Date: _____ | By: _____ |
| <input type="checkbox"/> | Private conference with student | Date: _____ | By: _____ |
| <input type="checkbox"/> | Conference with parent/guardian and student | Date: _____ | By: _____ |
| <input type="checkbox"/> | Hotline for educational neglect | Date: _____ | By: _____ |
| <input type="checkbox"/> | PINS Petition | Date: _____ | By: _____ |
| <input type="checkbox"/> | School Social Worker contact and home visit | Date: _____ | By: _____ |
| <input type="checkbox"/> | Guidance Counseling | Date: _____ | By: _____ |
| <input type="checkbox"/> | Contact Probation Officer and other Community Agencies | Date: _____ | By: _____ |
| <input type="checkbox"/> | Principal's Hearing | Date: _____ | By: _____ |

A conference is schedule with you and the building principal/designee:

Date: _____ Time: _____ Location: _____

At this conference, we will discuss both the reason(s) for the absences and whether reasonable changes should be made in the education program of your son/daughter to facilitate his/her re-entry for continuation of study.

If you fail to attend this conference, your son/daughter, _____ will be dropped from enrollment. However, you must know that he/she has the right to re-enroll in the District before his/her twenty-first birthday as long as he/she has not earned a diploma.

Sincerely,

Building Principal