

\*\*\*\*\*This form is to be completed when the student has 5-10 or more unexcused absences, an alert letter has been sent out, and a SAM referral has been made.\*\*\*\*\*

## IN-SCHOOL ATTENDANCE CONTRACT

DATE: \_\_\_\_\_

# of Days Absent \_\_\_\_\_

Student's name	ID#	Birth Date	School and District
Parent/Guardian	Address		Telephone number

To improve your child's school attendance, the following actions are required:

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**THE STUDENT SHALL:**

- \_\_\_ 1. Come to school every day on time.
- \_\_\_ 2. Obey the school rules.
- \_\_\_ 3. Finish school work on time.
- \_\_\_ 4. Behave in class/on the bus.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**THE PARENT/GUARDIAN SHALL:**

- \_\_\_ 1. Send your child to school every day on time.
- \_\_\_ 2. Contact the school each time your child is absent.
- \_\_\_ 3. For all illness absences, provide medical verification.
- \_\_\_ 4. Other \_\_\_\_\_

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 Team hearing with the Ramsey County Attorney's Office.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**THE SCHOOL SHALL:**

- \_\_\_ 1. Provide appropriate education program.
- \_\_\_ 2. Offer the following support: \_\_\_\_\_
- \_\_\_ 3. Modify present schedule as follows: \_\_\_\_\_
- \_\_\_ 4. Other \_\_\_\_\_

School Representative: \_\_\_\_\_ Title: \_\_\_\_\_