



Attendance Agreement

SCHOOL:

STUDENT INFORMATION:

Full Name:

Date of Birth:

Student ID Number:

ATTENDANCE BARRIERS (CHECK)

Transportation

Health Concerns/Mental Health

Work/Family Responsibilities

Conflict at School

Lack of Engagement/Sense of Belonging in School

Other

STUDENT COMMITMENT (INITIAL)

I will submit notes to the attendance office within three school days of my absence if I am sick or miss school for other circumstances.

I understand I am only allowed 10 non-medical absences per school year.

I understand I can lose credit for my classes if I have more than 10 unexcused absences.

SCHOOL COMMITMENT (INITIAL)

School Point of Contact:

Phone Number:

The school will provide support as requested through the counseling department.

The school will communicate with the student and parent/guardian about grades and attendance through Infinite Campus.

The school will share resources for community support to help with attendance barriers.

If student meets the agreed upon goal of _____, the school will provide _____ as an incentive.

By signing below, I confirm that I have read, comprehended, and agree to terms listed above.

CCSD Employee Signature:

Date:

Parent/Guardian's Signature:

Date:

Student's Signature:

Date: