

*UNIFIED SCHOOL DISTRICT*  
**SCHOOL ATTENDANCE REVIEW TEAM (SART)**  
**STUDENT AND PARENT AGREEMENT (Page 1 of 2)**

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Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_ Parent's D.O.B.: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_ Parent's D.O.B.: \_\_\_\_\_

Home Address: \_\_\_\_\_ (same all year) Phone #: \_\_\_\_\_

*I understand that each absence jeopardizes my child's opportunities for success in school. I understand that school attendance is mandatory for each student between the ages of 6 and 18 who is not legally exempt. (Education Code 48200) I understand that I am required to verify each future absence. I understand that further absences, or truancies can result in a referral to the district SARB. (Education Code 48263) I understand that further truancies will result in a referral to the Riverside County District Attorney's Office. (Education Code 48291) I understand that if truancies continue after this meeting, the District Attorney's Office may file criminal charges against me pursuant to Education Code § 48293(a)(1)-(3), and/or Penal Code § 270.1(a) & § 272(a)(1).*

**STUDENT AGREES TO:**

1. Go to school on time each day.
2. Stay in school for the entire day while school is in session and attend all classes.
3. Follow all school rules and regulations.
4. Obey the directions of teachers and administrators and behave appropriately at school.
5. Complete my class assignments and homework.
6. Attend Saturday School and/or make up classes as directed. (See page 2)
7. Attend tutoring and/or an afterschool program as directed. (See page 2)
8. Attend all appointments with school counselors or school resource officer as directed. (See page 2)
9. Check in and sign in with the attendance clerk every day as directed.
10. Perform \_\_\_\_\_ community service hours at \_\_\_\_\_, to start by \_\_\_\_\_.
11. Other: \_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**PARENTS/GUARDIANS AGREE TO:**

1. **Comply with each directive listed and checked under the Support Services Section on pg. 2.**
2. **Assist and compel the student to fulfill, attend, and complete all directives listed on this contract.**
3. Bring or arrange for someone to bring student to school on time each day.
4. Ensure student will have no further absences without a legally valid excuse under Educ. Code §48205.
5. Cooperate with school officials and attend all meetings and conferences when requested.
6. Notify the school each time that student is absent and provide a legally valid reason for each absence.
7. Notify the school each time student violates this agreement.
8. Excuse student only for valid legal reasons and provide documentation confirming the reason.
9. Verify each and every illness with either a *valid* doctor's note or through school staff.
10. Make arrangements to have student's school work picked up if student is absent for more than \_\_\_\_\_ day(s).
11. Attend school with my child as directed \_\_\_\_\_ not applicable, \_\_\_\_\_ attend on \_\_\_\_\_.
12. Other: \_\_\_\_\_
13. Other: \_\_\_\_\_

**SUPPORT SERVICES OFFERED TO ADDRESS ABSENCES & TRUANCIES: (page 2 of 2)**

- Attend Parenting Classes / Parenting Program offered at: \_\_\_\_\_, starting on \_\_\_\_\_.
- Saturday School at \_\_\_\_\_ on: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(one session clears one unexcused absence).
- Illness verification by school staff in lieu of a doctor's note.
- Tutoring located at: \_\_\_\_\_, starting on: \_\_\_\_\_ until \_\_\_\_\_.
- After school program located at: \_\_\_\_\_, starting on: \_\_\_\_\_ until \_\_\_\_\_.
- Make up classes for unexcused absences located at: \_\_\_\_\_, on: \_\_\_\_\_.
- Appointment with School Counselor: \_\_\_\_\_, to address: \_\_\_\_\_  
at: \_\_\_\_\_, on: \_\_\_\_\_.
- Appointment with School Resource Officer: \_\_\_\_\_ to address: \_\_\_\_\_  
at: \_\_\_\_\_, on: \_\_\_\_\_.
- Regarding bullying: \_\_\_\_\_.
- Access to online student monitoring system; \_\_\_ No computer access, alternative: \_\_\_\_\_.
- School/Class Schedule changed as follows: \_\_\_\_\_.
- Alternative Education as follows: \_\_\_\_\_.
- Alternative School Placement as follows: \_\_\_\_\_.
- Attend IEP meeting at: \_\_\_\_\_ on: \_\_\_\_\_.
- Attend health related 504 meeting at: \_\_\_\_\_ on: \_\_\_\_\_.
- Make appointment with YAT team, phone number: \_\_\_\_\_.
- Transportation plan: a) \_\_\_\_\_ b) \_\_\_\_\_ c) \_\_\_\_\_.
- A.M./P.M. routine plan: \_\_\_\_\_.
- Family to make appointment with district nurse \_\_\_\_\_, at: \_\_\_\_\_ on: \_\_\_\_\_.
- Free meal program: \_\_\_\_\_.
- Clothing provided: \_\_\_\_\_.
- School supplies provided: \_\_\_\_\_.
- Parent referred to counseling: \_\_\_\_\_.
- Parent referred to County Mental Health at: \_\_\_\_\_.
- Additional services requested by parents/guardians: \_\_\_\_\_.
- Other Services Offered: \_\_\_\_\_.
- Other Services Offered: \_\_\_\_\_.
- Other Services Offered: \_\_\_\_\_.

*I understand the terms of this contract and agree to comply with all directives. I agree to provide the SARB information/verification regarding participation and/or completion of all activities listed above. I agree that the school district has provided sufficient support services needed to address truancies and absences.*

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

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

\_\_\_\_\_  
School SART Designee      Date

\_\_\_\_\_  
School SART Contact Number

NEXT SARB REVIEW DATE: \_\_\_\_\_

Distribution:    White – SARB      Yellow – School      Pink – Parent/Student

**NOTES & COMMENTS**