

# ATTENDANCE REVIEW COMMITTEE AGREEMENT

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_\_ Date \_\_\_\_\_

School \_\_\_\_\_ Parent/Guardian \_\_\_\_\_

Please check all that apply:

## THE STUDENT SHALL:

- 1. Attend school and all assigned class periods every day.
- 2. Arrive at school and every class period on time.
- 3. Obey all school rules, dress codes and behave appropriately.
- 4. Complete and return all homework as directed.
- 5. Participate in the following counseling and educational programs:

\_\_\_\_\_

6. Other: \_\_\_\_\_

\_\_\_\_\_

## THE PARENT/GUARDIAN SHALL:

- 1. Get child(ren) to school every day on time.
- 2. Escort and check child into school daily at \_\_\_\_\_
- 3. Not remove child from school early without providing the school with a valid excuse.
- 4. For all illness absences comply with one of the following three choices:
  - (A) Provide school with written verification by doctor/medical advisor; Or
  - (B) Bring child to school to be checked/released if ill. **Provide nurse with reliable, current contact information if the child needs to go home;** Or
  - (C) Take the child to the Murray County Health department for evaluation
- 5. For all absences: Contact school before 9:00 am to explain absence. School phone number \_\_\_\_\_
- 6. Ensure all homework is completed and returned to school promptly as directed.
- 7. Participate in the following parenting and counseling programs \_\_\_\_\_
- 8. Provide the school with written verification of counseling/parenting sessions attended.
- 9. Have child examined/treated by doctor/medical advisor for \_\_\_\_\_
- 10. Inform school nurse about medication taken on a regular basis by child.
- 11. Bring child's medication to be given at school on a regular basis. Make sure that the child has refills available for the school nurse to administer.
- 12. Other \_\_\_\_\_

## THE PARTICIPATING SCHOOL OR AGENCY SHALL:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_

I understand that violations of this agreement shall result in the student and parent being referred to the Murray County Referral Committee. A referral to this committee could result in a referral to DFCS, DJJ, or to the court system for prosecution.

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

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

\_\_\_\_\_  
ARC Representative