

SCHOOL NAME

School Address

School Phone Number

ATTENDANCE CONTRACT

Date: _____

Student: _____

I understand that I have accumulated at least three (3) unexcused absences to school or class, and because of this, I now agree to improve my attendance in the DeKalb County, Alabama, school system. I will be present and on time to all of my classes for the remainder of the current school year. If I am absent, I must produce an acceptable doctor's excuse for that absence.

If I violate this contract, I understand that I will be removed from the roll and will receive a semester grade of F/A (Failure Due to Absences) in each subject. I also understand that once removed from the roll, I cannot be readmitted to a DeKalb County School during the current term.

Student Signature: _____

Parent/Guardian Signature: _____

Principal's Signature: _____

Supervisor of Attendance: _____

Current Mailing address of Parent/Guardian:

