

Student's Signature _____

Date _____

Parent/guardian agrees to contact the school for absences during the school year.

Parent's Signature _____

Date _____

Approved: _____

Principal's signature

Annual review of Action Plan:

___ Number of excused absences ___ Number of unexcused absences Transcripts and attendance records

For the _____ school year, should / should not be continued on an Action Plan.

Superintendent's Signature
School Representative

Parent's signature

Date