



St Martin Parish School Board

Attendance Contract

Name: _____ Student ID #: _____

D.O.B _____ Age: _____ Grade: _____

Parents: _____

Address: _____ Home #: _____

_____ Work #: _____

I have been informed of the possible consequences if my child _____ continues nonattendance of school. ***I understand that my child may also be denied credit in courses earned.***

I understand that my failure to enforce my child's attendance will result in a referral to the District Attorney's office or possibly even to court before a judge.

By signing this contract, I am acknowledging that I am aware of the state compulsory attendance laws regarding my child's attendance to school.

This contract must be completed/returned by _____.

Student Signature Date

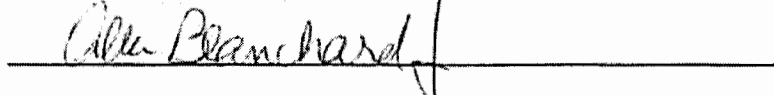
Parent/Guardian Signature Date

School Official Date

School


Supervisor, Child Welfare and Attendance


16th Judicial District Court FINS Representative


Superintendent