



St. Martin Parish School Board

Attendance Contract

Name: _____ SS# _____

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.

Unexcused Absences _____ Including _____ Out of School Suspensions _____ Late to School _____

Excused Absences _____ Total Absences _____

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