



Butler County Area Vocational-Technical School

210 Campus Lane • Butler, Pennsylvania 16001 • Phone (724) 282-0735

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August 2024

Important: Student Attendance Policy

Dear Parent/Guardian,

Because the vocational-technical experience is comprised of many performance skills, attendance is an essential part of the curriculum. The vast majority of these skills can only be acquired through participation here at the BCAVTS; therefore, students enrolled at the Butler County Area Vocational-Technical School may not miss more than ten (10) school days per semester. *A semester is one half of the school year and is 18 school weeks in length.* Ten (10) missed days includes both excused and unexcused absences. Once a student exceeds ten (10) excused and/or unexcused absences, the student **will not earn credit** and **will not receive** a Certificate of Completion for his/her vocational-technical program.

Maintaining attendance in good standing is the responsibility of the student. To assist this endeavor, the Butler County Area Vocational-Technical School will alert students and their guardian when their attendance is becoming an issue. After three (3) unexcused absences, a letter from the Butler County AVTS' attendance office will be mailed home. After six (6) unexcused absences, the child will be considered habitually truant and a second letter from the Butler County AVTS' attendance office will be mailed home. Once a student has exceeded ten (10) absences, it is the student's responsibility to address the situation, either through the BCAVTS attendance office or through an appeal to the Principal/Assistant Director (an explanation of the appeal process is outlined in the Student-Parent Handbook).

Please sign below, once you have read, and return to the BCAVTS by **Thurs. September 5, 2024**.

If you have any questions regarding the attendance policy at the Butler County Area Vocational-Technical School, please consult the Student-Parent Handbook (p. 16) or contact me here directly at 724-282-0735 ext. 205.

Thank you,

Jared Ryan
Principal/Assistant Director

Student Name (print): _____ Grade: _____

Program: _____ Session: _____

Student Signature: _____ Date: _____

Parent/Guardian Name (print): _____

Parent/Guardian Signature: _____ Date: _____