

**SACRAMENTO COUNTY OFFICE OF EDUCATION
SCHOOL ATTENDANCE REVIEW BOARD CONTRACTUAL AGREEMENT**

District Name: _____

Date: _____

Student(s): _____ DOB: _____ Grade: _____
 Mother/Guardian: _____ HM PH#: _____ WK PH#: _____
 Father/Guardian: _____ HM PH#: _____ WK PH#: _____
 Address: _____
 School: _____ Administrator: _____

The School Attendance Review Board (SARB) has met with the parent and student named above to identify reasons for violations of California Education Code Section 48200 and to arrive at solutions to the violations. **This session was recorded.** The following agreements have been made:

ELEMENTARY: K-6

SARB SHALL:

- Initiate an intervention contractual agreement among the student, parent/guardian, school, and SARB
- Refer the parent/guardian to the District Attorney's Office [Penal Code 272]
- Refer the student to the Sacramento County Probation Department (Education Code 48263)
- Refer the parent/guardian to the Sacramento County Department of Human Assistance for sanctioning if SARB Contract is broken
- Recommend counseling at: _____ for: family members student
- Refer the student to an involuntary transfer at an available alternative. (Education Code 48260.5)
 Placement and duration: _____
- Provide community resource referral(s) to: _____
- _____
- _____
- _____

STUDENT SHALL:

- Attend school and be on time every day and in class for the full day. School starts at _____ (Education Code 48200 and 48260)
- Follow all school rules and regulations and maintain good behavior in the classroom, on campus, to and from school (Education Code 44807 and 48908)
- Complete all assigned schoolwork and homework
- Take individual responsibility to prepare for school (put clothes out, set books in one place, hygiene, etc.)
- Report to _____ daily/weekly
- Attend and participate in recommended counseling program and follow through with counseling recommendations until counselor feels services are no longer needed. Recommended counseling program: _____
- Attend and participate in recommended tutoring program: _____
- Attend summer school
- Attend special program(s) offered by school/district _____
- _____
- _____
- _____

PARENT(S)/GUARDIAN(S) SHALL:

- Acknowledge that it is your legal responsibility to see that your child arrives to school on time and attends the full day
- Attend all school meetings and conferences concerning your child
- Present to the school a note from a medical professional or designated school employee to verify any absence due to illness after _____ day(s) (Education Code 48340)
- Immediately advise the school and this Board of any change in address and/or telephone number
- Attend and participate in recommended counseling program and follow through with counseling recommendations until counselor feels services are no longer needed. Recommended counseling program: _____
- Escort/attend school with child as directed (Education Code 48900.1 and 48910)
- _____
- _____
- _____

SCHOOL SHALL:

- Keep the student's record of attendance current, accurate and available
- Report noncompliance with SARB Contractual Agreement to the District/County SARB office for further action
- Refer student to the Student Study Team (SST) or Site Team to consider testing for Special Education and other site interventions
- Arrange for tutoring, counseling or other specific district school program(s): _____
- Provide a community resource referral to: _____
- Send an updated attendance/discipline printout/information to SARB Facilitator for _____ day review
- _____
- _____
- _____

I understand my signature certifies my attendance at SARB and receipt of the SARB directive(s). Failure to follow SARB directive(s) may result in referral to Probation Department, District Attorney, and/or Department of Human Assistance. This contract is valid remainder of this school year and the following _____ school year. This contract is recognized by all school districts in Sacramento County.

Parent/Guardian Signature	CA Driver License/CA ID #	DOB	Social Security #
Parent/Guardian Signature	CA Driver License/CA ID #	DOB	Social Security #
Student Signature	CA Driver License/CA ID #	DOB	Social Security #
SARB Panel Member	SARB Panel Member	SARB Panel Member	SARB Panel Member
School Administrator	SARB Facilitator		Review Dates: _____