



RICHMOND COUNTY

SCHOOL SYSTEM

Department of Student Services
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Augusta, GA 30901
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Malinda Cobb, Ed. D.
Associate Superintendent

Kenneth Bradshaw, Ed.D.
Superintendent

Marcus Allen
Asst. Superintendent, Student Services

K - 12 ATTENDANCE CONTRACT

Student Name: _____ Grade: _____ Age 16 or Over _____

Total Absences: _____ Total Unexcused absences: _____ Total Tardies _____

Please initial next to each statement.

THE STUDENT SHALL:

_____ Attend school every day and all assigned class periods with no unexcused absences.

_____ Arrive at school on time every day.

_____ Submit a valid written excuse for early checkout and tardies.

_____ Submit all written excuses for absences to the school on the day of return to school.

_____ Other: _____

THE PARENT SHALL:

_____ Ensure that the student attends school every day and receives no unexcused absences from school.

_____ Ensure that the student arrives to school on time every day.

_____ Provide a valid written excuse for early checkouts and tardies.

_____ Ensure that written excuses are furnished to the school for all absences the day the student returns to school.

_____ Communicate with the School Social Worker any barriers that would affect the student's school attendance.

_____ Maintain communication with the school/teachers throughout the school year regarding the student's attendance

_____ Ensure school has up to date contact information (phone numbers, address, etc.) at all times.

_____ Other: _____

THE PARTICIPATING SCHOOL SHALL:

_____ Assist family with referrals for needed services.

_____ Monitor student attendance.

_____ Implement interventions and/or incentives

_____ Maintain open communication with the student and family.

_____ Other: _____

Attendance Contract Review Date:

I understand that the violation of this contract may result in the parent AND/OR student being referred to the Richmond County Juvenile Court System. This contract shall be effective for the duration of the current school year.

Signed this date _____ at _____
Location/School Name

Student's Signature

Attendance Committee Chair

Parent(s)/Guardian(s)

School Social Worker