

(Insert School Letterhead)

_____, 20____

To the Parent/Guardian of: _____

Address: _____

_____ has reviewed the attendance record of _____.
(Name of School) *(Name of Student)*

This record of _____ days of consecutive unexcused absences has demonstrated the intention of _____ not to continue his/her education.
(Name of Student)

_____ is over 17 years of age and beyond the compulsory age for school
(Name of Student)

attendance. If we do not hear from you within ten days, _____ will be removed
(Name of Student)
from the roll of _____.
(Name of School)

If _____ wishes to return to school until age 21 and resume his/her studies,
(Name of Student)

please contact _____ at _____ and arrange for a re-enrollment
(Principal's Designee) *(Telephone Number)*
interview.

Sincerely,

(Principal's Signature)