## TRUANCY ELIMINATION CONTRACT

For Student:		Date:	
Present at the Meeting:			
Number of Absences: Number of Tardies: Number of Class Cuts: Number of Suspensions:	Excused	Unexcused	
<ul> <li>Student not waking up</li> <li>Student getting to scho</li> <li>Transportation issue</li> <li>Repeated sickness</li> </ul>	on time ool on their own	ance problem. (Check all that apply)	
<ul><li>Positive Behavior Supply with documentation out</li></ul>	I m school th the nurse (if applicable borts (explicitly explain the tlining the program)	e) he school's system and provide the parent	
We will check on the status	of this problem on:	(Date)	
Going forward, we each ag	yree to:		
School's Responsibility:			
Parent's Responsibility:			
Student's Responsibility:			
Consequences for Non-Co	•		
School Representative's S			
Student's Signature	Date:		
As the parent/guardian, I u		g this contract mandates compliance	
Parent's Signature	Date:		