



## HAMPTON CITY SCHOOLS

### HERE! Attending to My Future Elementary Truancy Prevention and Intervention Contract

Student: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

**In order to ensure my academic success, I agree to abide by the following expectations:**

1. Attend school every day unless there is a legitimate reason for my absence.
2. Be in class on time and ready to work each day.
3. Cooperate with all individuals who are involved with improving my attendance and overall academic success.
4. Follow all school rules so that I can remain in school.

**I also understand that violation of any of the above expectations could result in one or more of the following:**

1. Parent Conference
2. Corrective Action Plan (CAP)
3. Referral to School Counselor or Social Worker
4. Referral to Attendance Review Committee
5. Referral to the Youth, Parent Empowerment Program (Y.P.E.P.) or other Hampton City Schools Community Partner

I know the start time for my school is \_\_\_\_\_ and dismissal time is \_\_\_\_\_.

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Parent Name: \_\_\_\_\_

**Parent: Please read and initial each statement below:**

- \_\_\_\_ 1. I have read and understand the above expectations and know I am legally responsible for my child.
- \_\_\_\_ 2. I understand seven (7) unexcused absences may result in a referral to Hampton Juvenile and Domestic Relations District Court.
- \_\_\_\_ 3. I understand the difference between excused and unexcused absences, tardies and early dismissals.
- \_\_\_\_ 4. I will provide a written or oral excuse for my child's absences, tardies, and early dismissals.
- \_\_\_\_ 5. I understand if there are family problems interfering with my child's school attendance I can seek assistance from my child's school counselor who can assist me with the appropriate services.
- \_\_\_\_ 6. I agree to cooperate with school officials and community partners to ensure my child is present and prepared to learn each day.
- \_\_\_\_ 7. If eligible, I understand I may lose my Temporary Assistance For Needy Families (TANF) if my child does not attend school as required by law.
- \_\_\_\_ 8. I understand school attendance is important to my child's success.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_