School: _____

SARB Case #:_____

Washoe County School District
Intervention Department
5450 Riggins Court, Suite 4, Reno, NV 89502

TO: PARENT/GUARDIAN NAME:_____

ADDRESS: _____

CITY, STATE, ZIP CODE:_____

FROM: ATTENDANCE OFFICER: _____Telephone #:_____

RE: **20-DAY ATTENDANCE MONITOR NOTIFICATION**

STUDENT NAME: _____

OF UNEXCUSED ABSENCES: _____ # OF EXCUSED ABSENCES: _____

Your student's absences from school were reported to the WCSD Attendance Officer and are being investigated. The student and/or parent/guardian have promised an improvement in school attendance by signing this contract. The student's attendance will be monitored for 20 school days from the day of signing.

If there are no unexcused or excessive absences from school during this period of time, we will close our file. Should the student have any unexcused or excessive absences during the 20-Day Attendance Monitor, the student/family will be referred to WCSD Intervention Department for further investigation.

This 20-day Attendance Monitor will be:

Start Date: ___ /___ /___ through End Date: ___ /___ /___

Failure to successfully complete the 20-Day Attendance Monitor may result in a mandatory appearance at the WCSD Student Attendance Review Board (SARB) and/or cause a Habitual Truancy Citation and referral to Washoe County Department of Juvenile Justice. Should a SARB be required, you will receive sufficient notification to make arrangements to attend.

Thank you for your cooperation.

_____ _____

Assistant Principal Signature **Student Signature**

School Telephone #:_____

_____ _____

Parent/Guardian Signature **Attendance Officer Signature**

Dated: _____/_____/_____