



Austin Independent School District

1111 W. 6th Street Austin, TX 78703-5388 (512) 414-1700

Dr. Paul Cruz, Superintendent

Truancy Conference Agreement

This agreement is to encourage student compliance of compulsory attendance. The objective for holding a conference is to provide an opportunity for the student to improve his/her attendance.

Parent

I agree N/A

- I will support and ensure my child attends school on time for the full duration of the school day.
- I will attend Attendance Matters training on _____. Please contact _____ for more information OR
- I will view Attendance Matters webinar at childstudysystem.org, answer questionnaire & turn-in to: _____.
- I will notify the campus attendance specialist when my child is absent and the reason within 48 hours.
- I would like more information about available campus and community resources.
- Other: _____.

Student

1. I will be monitored by the designated Austin ISD personnel: _____

Name
Title
2. I will arrive on time every day for all classes. I will not be tardy.
3. I will obey my school's rules.
4. I am responsible for:
 - Makeup attendance by completing the following activity: _____ by _____.

Date
 - Completing community service in coordination with _____

Name
Title
Office Loc
 - Other: _____.
5. I will be monitored until _____, every _____ using an Attendance Contract.

Date
How often

Campus Designee

- Request Child Study Team meeting
- Contact _____ to request consultation with family regarding resources

Campus/District Program
- Notify parent regarding absence note requirement: physician's statement or school nurse evaluation of illness required
- Monitor student attendance and tardies
 - Remainder of school year
 - Remainder of semester
 - Other: _____
- Other: _____

Family's Current Address: _____

HOME PHONE #: _____ WORK PHONE #: _____ CELL PHONE #: _____

I (parent) understand this agreement is voluntary and I can withdraw from the agreement at any time.

I (parent) further understand that if I withdraw from this agreement and attendance fails to improve, a court referral may be activated.

Parent notes will or will no longer be accepted. _____

AISD Designee Initials

Parent/Guardian Name Date

Student Name & ID Date

Parent/Guardian Signature Date

Student Signature Date

Campus Representative Name Title

Signature Date