

15 Day Absence Meeting Follow-up

DATE

NAME OF PARENT(S)/GUARDIAN(S)
ADDRESS
ADDRESS

Dear NAME OF PARENT(S)/GUARDIAN(S):

Thank you for meeting with us to discuss NAME OF CHILD's absences. We believe by working together with you and your child, we can improve your child's school attendance and overall educational experience.

Attached, please find an outline of the plan that was developed and agreed upon at the meeting for ensuring your child's regular school attendance. In order for this plan to be effective, we ask that you and your child refer to it frequently to assess compliance.

Going forward, please take these steps to help us monitor you child's attendance:

- Contact us immediately if you require help or support to get your child to school.
- If your child is absent, contact us by 9 a.m. to let us know why.
- Give your child a written note stating the nature of the absence to bring to school when they return.

We take absences seriously, and will continue to closely track the attendance of your child. **If your child misses an additional five days of school, the School District may pursue court action with the Chittenden County State's Attorneys.**

Please support your child's success in school. Regular attendance is the key to achieving, now and in the future.

Sincerely,

NAME
TITLE
CONTACT NUMBER

Copy: Student File
Truancy Project