

500.16F1
ATTENDANCE COOPERATION AGREEMENT (FORM 1)

Child's Name: _____ DOB: _____ Age: _____ Grade: _____

School: _____ School Contact & Phone: _____

THE PARENT/GUARDIAN SHALL:

- ___ 1. Get your child to school every day and on time.
- ___ 2. Escort and attend school with your child (if deemed appropriate).
- ___ 3. Do not remove your child from school early without providing the school a valid excuse.
- ___ 4. Follow the agreed upon plan in regards to absences due to medical issues/illness:
 - ___ Provide school with written verification by doctor/medical advisor. Written verification should include exact nature of illness and the exact date and times that the student will need to miss school. Child must be seen in the office by a Doctor/LMHP/Physician Assistant.
 - ___ Send your child to school to be seen by school health worker and checked/released if ill.
 - ___ Have your child examined/treated by doctor/medical advisor.
 - ___ Inform the school/nurse/principal about medication prescribed and taken by the child.
- ___ 5. For all absences, contact the school to explain the absence.
- ___ 6. Participate in the following parenting and counseling programs:
- ___ 7. Ensure all homework is completed and returned to school promptly as directed.
- ___ 8. Attend all meetings scheduled by the school.
- ___ 9. The parent will sign a release of information to the Doctor/LMHP/Physician Assistant/Nurse for the school if requested.
- ___ 10. Other:

THE STUDENT SHALL:

- ___ 1. Attend school and all assigned class periods every day.
- ___ 2. See the school nurse or other medical professional for all illness absences.
- ___ 3. Participate in the following counseling and educational programs:
- ___ 4. Other:

The following signatures indicate an agreement to the Attendance Cooperation Agreement and of the above expectations. I/we understand that if I/we fail to abide by its terms, I/we can be referred to the County Attorney for Truancy Mediation as provided in 299.5A Code of Iowa.

Student: _____ Date: _____

Parent Guardian: _____ Date: _____

School Official: _____ Date: _____

School Officer Liaison/Truancy Officer: _____ Date: _____

***attach School Intervention Plan if applicable**

*Adopted: 08/11/14
*Revised: 11/14/16
*Reviewed: 04/12/21