

# MADISON COUNTY SCHOOLS

## Unexcused Absence Conference Form

*FOR STUDENTS WHO HAVE ACCUMULATED THREE (3) UNEXCUSED ABSENCES*

*The purpose of this conference is to address student academic, social, and/or behavioral issues that are affecting the student's ability to regularly attend school.*

Parent/Custodian: \_\_\_\_\_ Student: \_\_\_\_\_  
 School: \_\_\_\_\_ Date of Conference: \_\_\_\_\_

**Please check problem areas below.**

<input type="checkbox"/> Documentation of Absences	<input type="checkbox"/> Student Employment Interfering with School
<input type="checkbox"/> Student Refusal to Attend	<input type="checkbox"/> Needed at Home
<input type="checkbox"/> Failure to Attend Due to Physical/Mental Illness	<input type="checkbox"/> Relationship with Fellow Students and/or School Staff
<input type="checkbox"/> Teen Pregnancy	<input type="checkbox"/> Transportation
<input type="checkbox"/> Teen Mom/Dad: Childcare Issues	
<input type="checkbox"/> Harassment/Bullying at school	<input type="checkbox"/> Academic Difficulties/Credit Loss
<input type="checkbox"/> Dislike of School Experience	<input type="checkbox"/> Other

<b>Goals for Improvement</b>
<b>Goal 1:</b> _____
<b>Goal 2:</b> _____
<b>Goal 3:</b> _____

I acknowledge that I have been advised of the policy of the Board of Education as mandated by the Alabama Compulsory Attendance Laws and set forth in the Early Warning Truancy Petition Program governing attendance. I understand that further truancy by my child will result in mandatory attendance of the Early Warning Truancy Program and may result in a petition being filed with the Juvenile Court. *Legal Reference: Laws of Alabama Relating to Education, Title 16-28-12, 16-28-14, 16-26, 15, 16-28-17.*

**Parent/Custodian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Administrator or Counselor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_**Parent was notified to attend the school conference but did not participate. Date of Conference:** \_\_\_\_\_  
 \_\_\_\_\_**Second attempt to contact or meet with parents. Date:** \_\_\_\_\_

**Administrator or Counselor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**THE COMPLETED FORM MUST BE SUBMITTED TO PAM ANDERSON-CARTER FOR EACH STUDENT WHO ACCUMULATES THREE UNEXCUSED ABSENCES WARNING. NO STUDENT/PARENT WILL BE SCHEDULED TO EARLY WARNING (FOR UNEXCUSED ABSENCES) WITHOUT THIS DOCUMENTATION.**

*\*School Level Intervention*