WILL COUNTY REGIONAL OFFICE OF EDUCATION

116 N. CHICAGO STREET, SUITE 400 · JOLIET, ILLINOIS 60432
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Dr. Lisa Caparelli – Ruff, ***Regional Superintendent*** **Dr. Shawn Olson,** ***Assistant Regional Superintendent***

TRUANCY CONTRACT

Student Name: _____ **Date:** _____

School: _____

Purpose of Meeting: This meeting was held because the above-named student has accumulated an excessive number of school absences resulting in _____ **unexcused absences**.

School staff have provided, offered, or completed the following **interventions** and/or **incentives**: _____

_____

_____

Summary of Meeting: _____

_____

_____

Attendance Commitment:

Moving forward, the Student agrees to: _____

Moving forward, the Parent/Guardian agrees to: _____

Moving forward, School Administration agrees to: _____

By signing below, all parties acknowledge that they participated in today's meeting, understand the expectations outlined above, and agree to work together to improve the student's attendance.

Student Signature: _____ Printed name: _____

Parent/Guardian Signature: _____ Printed name: _____

Parent/Guardian Signature: _____ Printed name: _____

School Administrator Signature: _____ Printed name: _____

School Administrator Signature: _____ Printed name: _____

Additional Signature: _____ Printed name: _____

Additional Signature: _____ Printed name: _____