JENKS ALTERNATIVE CENTER

918-299-4415 EXT. 2420

**JAC ATTENDANCE CONTRACT**

01 May 2017

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, understand that I exceeded the four absences in a class period in the 2017/18 school year. I also understand that I can fail a class or be removed from the program for exceeding the allotted absences.

I understand that during each trimester of the 2017/18 school year that my excessive absences will not be tolerated. I will be removed from the program or I will fail any class with more than four unexcused absences in a trimester.

I understand that I will not be allowed to make up any work for an unexcused absence resulting in a zero for the day. A parent or guardian must contact the Alternative Center first thing in the morning if I am unable to attend. Doctor’s notes must be turned in to the office upon my return.

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Student Signature Date

I understand that my student must agree to this attendance contract as a condition of his/her enrollment at the Jenks Alternative Center.

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Parent Signature Date