



MORGAN HILL UNIFIED SCHOOL DISTRICT

15600 CONCORD CIRCLE • MORGAN HILL, CA 95037 • (408) 201.6000 • FAX (408) 779.8305

Fourth Notification of Truancy

Date _____ Re: _____

Dear Parent/Guardian:

Your child was last reported as a truant on _____. This fourth letter informs you that your child is now considered an habitual truant.

Additional date(s) of truancies (at least one additional)

Unexcused _____ Tardies (30+ minutes) _____

History of attendance

Attendance record as of _____ is as follows:

'Days of enrollment _____ Days present _____ Unexcused absences _____ Excused absences _____
Tardies _____

Education Code Section 48262—Habitual Truant: Any pupil deemed an habitual truant and has been reported as a truant three or more times per school year, provided that no pupil shall be deemed an habitual truant unless an appropriate district officer or employee has made a conscientious effort to hold at least one conference with a parent or guardian of the pupil and the pupil himself after filing of either of the reports required of Education Code Section 48260 or 48261.

The school has attempted to work with you to solve your child's attendance problems. These attempts have been 'unsuccessful. It will now be mandatory for you and your child to attend a School Attendance Review Board (SARB) hearing. Your scheduled appointment is as follows:

Date _____ Time _____ Location Morgan Hill Unified School District Office
15600 Concord Circle, Morgan Hill

You are required to attend this conference (*Education Code Section 48321.5*). **Failure to attend or reschedule will result in a referral to the District Attorney's Office.** If you need to reschedule this meeting, please call the SARB Office at _____

CalWORKS benefits may be sanctioned if your child continues to have attendance problems. A parent who fails to meet his/her obligation may be guilty of an infraction and subject to prosecution (*Education Code Section 48290*). Complaints filed with the District Attorney may go to court and result in fines and court-ordered parent education/counseling programs.

Signature of SARB Chairperson _____

Phone

Meeting confirmed with parent on _____

Face-to face

Other

By _____
Signature

cc: Cumulative file
Student's teacher(s) Principal
Originator
District file