**SCHOOL ATTENDANCE REVIEW BOARD (SARB) - DISTRICT ATTORNEY MEDIATION**

**Summary of Directives**

**Name of Minor: Age: Date of DA Mediation: \_\_\_\_\_\_\_\_\_**

**Reason(s) for referral to SARB – DA Mediation:** \_\_\_\_ Habitual Truancy; \_\_\_\_ Irregular Attendance

**Your child’s District School Attendance Review Board, evaluated a referral regarding the minor named above, issued the following directives:** (Check the box next to each directive that applies.)

|  |  |
| --- | --- |
|  | 1. The parent / guardian will compel the student to attend school on a daily basis. |
|  | 1. The parent / guardian will not be permitted to excuse student absences. If the student must be absent from school:    1. The parent will provide a written note from a doctor verifying the student is too ill to attend school, or    2. The parent will bring the student to school to allow school staff to verify that student is too ill to attend school.    3. The parent will obtain advance written approval from the school principal to authorize excused absences for reasons other than illness. |
|  | 1. The parent / guardian is directed to enroll the student in, and keep the student enrolled in a school operated by the school district in which the student resides. |
|  | 1. The student will attend school on a daily basis. |
|  | 1. The student will arrive for school and classes on time. |
|  | 1. Follow all school rules and regulations. |
|  | 1. Complete all school assignments. |

**Additional Directives:**

**To assist the parent / guardian and student in complying with the directives stated above, The Santa Clara County SARB – DA Mediation makes the following resources and services available:**

**I understand the directives outlined above and acknowledge that failure to fully comply with these directives may result in a referral for prosecution to the Santa Clara County District Attorney. I also understand the directives outlined in this document will remain in force until the minor’s 18th birthday, or graduates from high school.**

\_\_\_\_\_\_\_\_\_

Signature of Parent / Guardian Date Signature of Minor Date

\_\_\_\_\_\_\_\_\_

Signature of Parent / Guardian Date Signature of SARB Chair Date

\_\_\_\_\_\_\_\_\_

Signature of SCCOE Representative Date Signature of Deputy District Attorney Date