



**ARLETA HIGH SCHOOL
ATTENDANCE PARENT CONTACT REQUEST**

Please complete the following information. Once your checklist is complete please return to your **Small Learning Community Office**. If SLC secretary or counselor has no information or is unable to reach parent, case will be referred to PSA Counselor.

_____ Attempted to contact parent, but was unable to make contact.
Date attempted contact(s) _____

_____ Have contacted and held conference with parent/guardian to discuss student absences, but absences continue.
Date attempted contact(s) _____

Student has been absent from my _____ period _____ class
(subject)

Date beginning ___/___/___ *to* ___/___/___

Teachers Name: _____ Today's Date _____ Conference Period _____

Student Name _____ DOB _____ SLC _____ Grade _____

Notes:

Needs PSA Referral
SLC Office Referral Date
