

**Teasley Middle School**  
**Attendance Agreement**

As the parent/guardian of [Click here to enter text.](#), you are hereby notified that Georgia law requires minor children to be enrolled in and attend school. A parent/guardian may be held responsible for the child's failure to report to school according to 20-2-690.1 of the Georgia code.

To stop my child from continuing to have unexcused or excessive absences and/or excessive tardies, I will take the following steps:

- 1. I will see that my child attends school daily unless a written doctor's excuse is provided to the school.
- 2. I will agree to send my child to school and let the school nurse determine if my child needs to return home due to illness.
- 3. I will agree to schedule trips, vacations, or appointments only during posted Cherokee school holidays.
- 4. I will have my child at school between 7:30 and 8:00 each day and stay until 3:30.
- 5. I will have my child ride the school bus each morning.
- 6. I will schedule and attend a conference with my child's teachers within 7 school days of this date.
- 7. Each day that my child is absent, I will email or call his/her homeroom teacher or office staff by 8:30 A.M. with an update on his/her condition.
- 8. [Click here to enter text.](#)

**I, [Click here to enter text.](#) agree to the following conditions:**

- 1. I will attend school and be on time each day.
- 2. I will obey my parents and work with them to improve my attendance at school.
- 3. I will attend a conference with my parent(s) and teacher(s) within 7 school days.
- 4. [Click here to enter text.](#)

I [Click here to enter text.](#), understand that failure to meet the above responsibilities may result in referral to governmental agencies charged with attendance enforcement and place me in danger of retention.

Teasley Middle School Members:

Dr. Susan Zinkil, Principal  
Chris Garity, 8<sup>th</sup> Administrator  
Amy Graham, 7<sup>th</sup> Administrator

Adina Walker, 8<sup>th</sup> Counselor  
Michael L'Esperance, 7<sup>th</sup> Counselor  
Judy Withey, Academic Coach

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date [Click here to enter a date.](#)