

FORM LETTER – FIFTEEN (15) DAYS OF ABSENCE (NONCOMPULSORY AGE)

To the Parent/Guardian of _____:

The purpose of this letter is to notify you that your child, _____, has accumulated fifteen (15) days of absence. A detailed record is attached.

Please be reminded that the Pine Grove Area School District must enforce the provisions of the Compulsory School Attendance Law and/or the school's discipline policy.

Therefore, for the rest of the school year, your child will be required to bring a doctor's excuse for any absences. If the school does not receive an excuse from a doctor within five (5) days, for every day of absence over the fifteen (15) days without proper documentation your child will receive one (1) day in-school suspension.

You are required to meet with a building level administrator to develop a plan to improve the attendance of your child. Please contact the building principal within five (5) days to make an appointment with the Assistant Principal to ask any questions that you may have regarding this information at 570-345-2731, ext. _____.

Sincerely,

Principal