

Students

Attendance - Maximum Allowable Absences (Grades 9-12)

It is well demonstrated that regular attendance is a key factor in a student's success in school. The Board of Education requires that accurate records are kept of the attendance of each child. A student should not be absent from school without the parent's/guardian's knowledge and consent. It is assumed that parents/guardians will allow their children to be absent from school only for reasons as set forth under "excused absences" as defined in the administrative regulations. Verification of absence should be given by the parent or guardian.

Board policy with respect to excessive absences stresses prevention and remediation rather than mere imposition of punishment. Regular student attendance in school is essential to the educational process. Responsibility for assuring that students attend school rests by statute with the parent or other person having control of the child. To assist parents and others meeting the responsibility, the Hamden Board of Education, through its Superintendent, will adopt and maintain regulations designed to monitor student attendance and provide positive pro-active intervention. These regulations may also call for withholding of course credit if a student exceeds the maximum number of allowable absences. An Attendance Review Team, consisting of a unit administrator and counselor, will be responsible for determining course credit status. An appellate process to the Principal and, if requested, to the Superintendent, will be in effect.

Reference: Green and Gold Guide for Students and Parents, Hamden High

Students

Attendance - Maximum Allowable Absences (Grades 9-12)

A. Definitions:

1. **"Students"** - A student enrolled in the Hamden Public Schools.
2. **"Unexcused Absences"** - Any absence from an entire regularly scheduled school day which absence is not excused as defined below.
3. **"Excused Absences"** - An absence from an entire regularly scheduled school day for the following reasons.
 - a. Reasons of health, including illness, incapacity or doctor's visits. The District reserves the right to require a physician's verification or other appropriate certification for absences in excess of five days (consecutive or accumulative).
 - b. Religious holidays
 - c. Court appearances
 - d. Funeral
 - e. Family hardship
 - f. Suspension or expulsion
 - g. Approved school activities
 - h. Absences from school for special activities with parental or guardian's consent. (prior written notice required)

- B. Any student who has accumulated more than ten (10) full day absences in a semester course or twenty (20) full day absences in a full year course may lose his/her course credit. Classroom teachers will be expected to carefully monitor and record daily student attendance.

Students

Attendance - Maximum Allowable Absences (Grades 9-12) (continued)

- C. When a student is absent eight (8) full days in a semester course or sixteen (16) full days in a full year course, a warning letter will be sent to the student's parent/guardian with copies to the appropriate administrator, guidance counselor and nurse. The student will be personally contacted by the counselor. He/she will be counseled on the importance of good attendance and the consequences of the new regulation. Every effort will be made by school personnel to promote a positive approach which will focus on student/parent/school collaboration in resolving the problem.
- D. When a student exceeds ten (10) full day absences in a semester course and twenty (20) full day absences in a full year course, an Attendance Review Team, consisting of the unit administrator and counselor will meet within ten (10) days. The Review Team will note excused absences and consider mitigating factors before making its decision regarding credit. At all time, the Team will make every effort to act in the best interests of the student. The review Team will consider the input of faculty, school support personnel, the parent and student to insure that all factors are considered before a decision is made.
- E. An appeals process to the High School Principal and School Superintendent will be available.
- F. The unit administrator and appropriate counselor will be the Attendance Review Team that will be solely responsible for restoring or denying credit. Student attendance records will be checked every two weeks by the unit administrator, counselor and school nurse. Also, the Attendance Review Team will meet biweekly to review the status of students who have exceeded the maximum number of allowable absences.
- G. The school nurse will review school attendance reports on a biweekly basis. She will identify any students who, in her judgment, have legitimate medical reasons for sustained absences (five (5) or more consecutive days). She will then notify the appropriate unit administrator and counselor. The school nurse will have an active role in the overall attendance review process.
- H. A student who enters school after the beginning of the year well be allotted "a prorated number of absences" based upon his or her enrollment date.

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|-------------------|---|
| APPENDIX A | High School Principal Letter - 8 Days Absent |
| APPENDIX B | High School Principal Letter - 11 Days Absent |
| APPENDIX C | High School Principal Letter - 16 Days Absent |
| APPENDIX D | High School Principal Letter - 21 Days Absent |
| APPENDIX E | Complaint Youth in Crisis |

RE: Student Name _____
Grade _____
Homeroom _____

Dear Parent/Guardian:

This is to inform you that your son/daughter (Student Name, (Grade), has accumulated eight (8) absences this semester. If (Student Name) accumulates more than ten (10) absences this semester, his/her credit in all courses may be withheld. Should this loss of credit occur, the Attendance Review Team, consisting of your son/daughter's unit administrator and counselor, will meet within two weeks to consider your son/daughter's credit status. The following are the reasons which will be considered for reinstatement of credit:

- Religious holidays
- Court appearances
- Funeral
- Family hardship
- Suspension or expulsion
- Approved school activities
- Extended or chronic illness as documented by a physician
- Special activities with parental/guardian's consent (prior written notice required)

We are extremely concerned about your child's absences and we would like to offer assistance. A counselor or school official will be contacting your son/daughter to discuss strategies to improve his/her attendance.

The Hamden Public Schools considers regular attendance to be extremely important in providing continuity in the instructional experience. We also strongly believe that time lost from class is irretrievable in terms of opportunity for instructional interaction.

Accordingly, please make every effort to insure that your son/daughter attends school regularly.

If you have any questions or concerns, I urge you to contact your son/daughter's unit administrator or guidance counselor at 248-9311.

Principal

Dates of Absence: _____

cc: Unit Administrator
Guidance Counselor
Attendance Clerk
School Nurse

RE: Student Name _____
Grade _____
Homeroom _____

Dear Parent/Guardian:

This is to inform you that your son/daughter (Student Name, (Grade), has accumulated eleven (11) absences this semester and therefore his/her credit in all semester courses may be withheld. An Attendance Review Team, consisting of your son/daughter's unit administrator and counselor, will meet within two weeks to consider your son/daughter's credit status. You and/or your child are encouraged to meet with your unit administrator or counselor to provide documentation regarding any mitigating factors for these absences. The following are the reasons which will be considered for reinstatement of credit:

- Religious holidays
- Court appearances
- Funeral
- Family hardship
- Suspension or expulsion
- Approved school activities
- Extended or chronic illness as documented by a physician
- Special activities with parental/guardian's consent (prior written notice required)

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Principal

Dates of Absence: _____

cc: Unit Administrator
Guidance Counselor
Attendance Clerk
School Nurse

RE: Student Name _____
Grade _____
Homeroom _____

Dear Parent/Guardian:

This is to inform you that your son/daughter (Student Name, (Grade), has accumulated sixteen (16) absences this year. If (Student Name) accumulates more than twenty (20) absences this year, his/her credit in all courses may be withheld. Should this loss of credit occur, the Attendance Review Team, consisting of your son/daughter's unit administrator and counselor, will meet within two weeks to consider your son/daughter's credit status. The following are the reasons which will be considered for reinstatement of credit:

- Religious holidays
- Court appearances
- Funeral
- Family hardship
- Suspension or expulsion
- Approved school activities
- Extended or chronic illness as documented by a physician
- Special activities with parental/guardian's consent (prior written notice required)

We are extremely concerned about your child's absences and we would like to offer assistance. A counselor or school official will be contacting your son/daughter to discuss strategies to improve his/her attendance.

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Accordingly, please make every effort to insure that your son/daughter attends school regularly.

If you have any questions or concerns, I urge you to contact your son/daughter's unit administrator or guidance counselor at 248-9311.

Principal

Dates of Absence: _____

cc: Unit Administrator
Guidance Counselor
Attendance Clerk
School Nurse

RE: Student Name _____
Grade _____
Homeroom _____

Dear Parent/Guardian:

This is to inform you that your son/daughter (Student Name, (Grade), has accumulated twenty-one (21) absences this semester and therefore his/her credit in all courses may be withheld. An Attendance Review Team, consisting of your son/daughter's unit administrator and counselor, will meet within two weeks to consider your son/daughter's credit status. You and/or your child are encouraged to meet with your unit administrator or counselor to provide documentation regarding any mitigating factors for these absences. The following are the reasons which will be considered for reinstatement of credit:

- Religious holidays
- Court appearances
- Funeral
- Family hardship
- Suspension or expulsion
- Approved school activities
- Extended or chronic illness as documented by a physician
- Special activities with parental/guardian's consent (prior written notice required)

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Accordingly, please make every effort to insure that your son/daughter attends school regularly.

If you have any questions or concerns, I urge you to contact your son/daughter's unit administrator or guidance counselor at 248-9311.

Principal

Dates of Absence: _____

cc: Unit Administrator
Guidance Counselor
Attendance Clerk
School Nurse

**COMPLAINT
YOUTH IN CRISIS**

JD-JM-142 Rev. 9-02

G.S. § 46b-120, 46b-121, 46b-150f

Public Act 02-109, Sec. 1

STATE OF CONNECTICUT
SUPERIOR COURT
JUVENILE MATTERS
www.jud.state.ct.us**TO: The Superior Court, Juvenile Matters****PRINT OR TYPE. If necessary, attach additional information.**

| | | | |
|----------------------------------|---------------------|------------|---------------|
| ADDRESS OF COURT | | DOCKET NO. | |
| NAME OF YOUTH | ADDRESS OF YOUTH | SEX | DATE OF BIRTH |
| NAME OF MOTHER | ADDRESS OF MOTHER | | |
| NAME OF FATHER | ADDRESS OF FATHER | | |
| NAME OF GUARDIAN, IF ANY | ADDRESS OF GUARDIAN | | |
| INDIAN TRIBE/RESERVATION, IF ANY | SCHOOL/GRADE | | |

COMPLAINT

The undersigned believes that the above youth is a youth in crisis because said youth is sixteen or seventeen years of age, and, within the last two years: ("X" appropriate box(es))

- ☐ has without just cause run away from the parental home or other properly authorized and lawful place of abode;
- ☐ is beyond the control of parents, guardian or other custodian; OR
- ☐ has four unexcused absences from school in any one month or ten unexcused absences in any school year.

For each box checked above, describe in detail the acts or omissions of said youth upon which the complaint is made.
(Be specific and include dates.)

| | | |
|-------------------------|----------------------------------|-------------|
| COMPLAINANT'S SIGNATURE | AGENCY AND TITLE (If applicable) | DATE SIGNED |
|-------------------------|----------------------------------|-------------|

NOTICE: The youth may not be placed in detention based on this complaint.