EXHIBIT **EXHIBIT**

GADSDEN INDEPENDENT SCHOOL DISTRICT

High School: _____

Attendance Contract

Student Name:_____ ID#_____Grade:_____ Semester/Yr:_____

The student named above must make up class time to be in compliance with the district attendance policies and procedures.

To Student:

By signing below, you are acknowledging that you understand the requirements of this Attendance Contract and agree to comply so that you may regain credits that you may have lost due to attendance issues. This contract expires if not completed by:_____, 20_____ .

Total hours to be completed (in order to not lose credit in classes passed, or currently passing): _____

Student signature_____ Date: _____Admin:_____

Date	Time	Hours Completed	Teacher Signature	Running Total - Hours Completed

It is the student's responsibility to sign in at all tutoring sessions and obtain the teacher's signature on this form to ensure that credit for attendance is awarded.

The back of form may be used for additional dates and signatures.