

(SAMPLE) Mediation Agreement

Date: _____

Student Name: _____

Date of Birth: _____

The above named child was determined to be in violation of Iowa Code Chapter 299 and in violation of the School Board policy regarding unexcused absences. The child, the child's parent(s) and the School District agreed to an attendance cooperation agreement, which was not complied with and therefore the child became a truant. Accordingly, at the referral from the School District's Officer for Truancy, a mediation meeting with the Warren County Attorney's office was held on this date in order to ascertain the cause of the nonattendance and determine the course of action to take to ensure that the child complies with attendance requirements. For compliance with the attendance requirements, the child shall have:

- No unexcused absences for the remainder of the school year of 2010-2011. This will include being truant for any class period during the school day.
- Excused absences for medical purposes are permitted if medically verified by the child's doctor or one of the school nurses. Any other excused absences will be at the discretion of School District's Officer for Truancy.
- The parent(s) authorize the School Officer for Truancy to verify with the child's doctor that the child is being treated and was excused from school. The parent(s) shall sign a medical release to allow for the School Officer for Truancy to obtain only the medical information described.

Failure to comply with the listed requirements to compel the student to attend school shall result in prosecution by the Warren County Attorney's Office. The parents shall be criminally liable for failure to comply with this agreement. At the completion of the current school year and compliance with this agreement has been met, the child will no longer be deemed truant and will be subject to the current attendance policies for the School District the child is attending.

Signed below are the parties to be bound to this agreement and by signing are agreeing to the terms and conditions of this mediation agreement.

County Attorney Signature

School Officer Signature

Student's/Child's Signature

Parent/Guardian Signature

Parent/Guardian Signature