NOTIFICATION OF HEARING – SUMMONS

**SARB BOARD**

Chairperson

SARB Support

District Attorney Investigator

Education Liaison

DHHS

Superintendent

Superintendent

Principal

Superintendent

Supervising Probation Officer

Juvenile Probation

Family Resource Center

County Office of Education

**Date**

**Parent(s)**

**Address**

**Address**  ***RE: Student***

Dear Parents,

Your child (**student**) has been referred to the (Name of SARB) School Attendance Review Board (SARB). The (**school district**) has made this referral out of concern that your student’s attendance patterns continue to impact their access to education. (**School Name**) has requested additional assistance from this Board in compliance with California Education Code §48263.

You and your child are requested to appear before the (Name of SARB) School Attendance Review Board at the time and place indicated below:

 **DATE:**

 **TIME:**

 **LOCATION:**

Failure to appear may result in referral to the District Attorney’s Office for review of legal proceedings per California Penal Code §270.1 or Education Code §48293.

It is our sincere hope that we may reach a prompt resolution of your child’s attendance difficulties. If you have questions or concerns, please call me at **(Phone Numbers)**

Chairperson