NOTIFICATION OF SECOND 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

Name

Address

Address

  ***RE: Student***

Dear Parent,

You and your child () participated in the (Name of SARB) School Attendance Review Board (SARB) on ( ). ( ) requested SARB’s additional assistance from this Board in compliance with California Education Code §48263. We are now arranging a follow-up meeting to discuss how your student’s attendance looks.

You and your child are requested to appear before the (Name of SARB) School Attendance Review Board at the time and place indicated below **(please note that the location has changed from last year)**:

 **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 and Education Code §48200. This hearing is held in closed session in a space compliant with Public Health’s guidelines for health and safety. The majority of the Board will be joining us and there will be 3-4 people in the meeting space. Social distancing guidelines will apply.

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