Model School Attendance Review Board Recognition Program 2026–27

Application Certification Form

Local Educational Agency Information

Local Educational Agency

_____

Address

_____

City _____ County _____ Zip Code _____

School Attendance Review Board Chairperson's Information

Name _____ Telephone Number _____

Email Address

_____

Certification

I certify that the SARB Program described in this application has been described accurately.

SARB Chairperson's Signature _____ Date _____

Superintendent/Designee's Name _____ Designee's Job Title (if applicable) _____

Superintendent/Designee's Signature _____ Date _____