Model School Attendance Review Board Recognition Program 2020–21

APPLICATION CERTIFICATION FORM

School Attendance Review Board (SARB) Chairperson's Information

Name _____ Email Address _____

Telephone Number _____ School District or County Office of Education (COE) _____

School District or COE Address _____ City _____ Zip Code _____

Other School Districts or COE that help operate the SARB _____

Note: If your SARB Program has an outstanding feature that affects your application, such as an online pulse survey, please include that element by describing it in Content Area 2 of the application. The SARB Chairperson does not need to be a school district or county office of education employee for the purposes of this application. The SARB Chairperson may be a district attorney, probation officer, or other person working in collaboration with a school district or county SARB.

Certification

I certify that the SARB Program described in this application has been described accurately. I understand that my SARB program application may entail a site visit from State SARB representatives to verify certain aspects of my application.

SARB Chairperson's Name _____

SARB Chairperson's Signature _____ Date _____

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

Superintendent/Designee's Signature _____ Date _____