

Model School Attendance Review Board Recognition Program 2024–25

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 COE 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