

# School Name Street Address City, ST ZIP Code

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**Attendance Information**

Dear Parent/Guardian of [Student Full Name]:

Attendance matters and we need your help this ye a r. A few absences every month can add up to weeks of los t learning over the year. Missing school, whether for excused or unexcused reasons, disrupts their education.

You can play a crucial role in improving [Student First Name]'s attendance. If you’d like to schedule time to talk about your student’s attendance and ways the school can support you, please call [insert number] or email [insert email]

Sincerely, [Insert Name] [Insert Role]

[Student Name] missed [insert number of days].

# Missing just 2 days per month adds up!

