



STATEMENT OF CONFIRMATION

Process Standard 10 – Reporting of 5, 10, & 12 day Absences to State

School: _____

Date: _____

School Section:

My signature below confirms that I understand the requirements for entering and reporting 5, 10, & 12 day unexcused absences to the Mississippi Department of Education as required by the district, state board policy and state statutes. My signature further confirms the following:

1. _____ A total of _____ 5 day, _____ 10 day, and _____ 12 day unexcused absences met the threshold to be reported to the state attendance officer.

2. _____ Absences not prepared for submission before the end of work day in order to be reported to the state attendance officer:

| Last Name | First Name | 5 day | 10 day | 12 day |
|------------------|-------------------|--------------|---------------|---------------|
| | | | | |
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District Office Section:

My signature below confirms that as the Truancy Specialist/Data Management Specialist for this assigned school, I have verified the above information and can provide the appropriate documentation to substantiate this claim.

Print Name (Administrator)

Signature **Date**

Print Name (School Official)

Signature **Date**

Print Name (Attendance & Discipline Specialist)

Signature **Date**

Please attach the “Official Notice of Unexcused Absence” form to this document