



THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

Silver Ridge Elementary School
John R. Vetter, Principal
9100 S.W. 36th Street
Davie, Florida 33328
754-323-7500 Office
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The School Board of
Broward County, Florida
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Dear Parent / Guardian:

A strategic goal of Broward County schools is expecting that all students will achieve at their highest potential. In order for your child to be successful in school, he or she needs to attend school each and every day. Florida laws say that you are responsible for your child's attendance per Florida Statute section 1003.27. The School Board of Broward County in partnership with the Broward State Attorney's office has initiated the Broward Truancy Intervention Program (BTIP). The intent of the program is to prevent truancy (unexcused absences).

Classes start promptly at 8:00 am and it is important for your child to be on time. Tardiness is defined as a student not being in the classroom when classes are scheduled to begin. It can be disruptive to the learning environment and can have a negative impact on student achievement.

As per School Board Policy 5.8 in the Student Code of Conduct, you are required to contact the school each time your child is absent and provide the school with the reason for the absence (see the 8 approved reasons online at www.browardschools.com). To report an absence, please call 754-323-7502 or call the office at 754-323-7500. In the event that your child accumulates numerous absences and tardiness, you may be contacted by our school attendance manager and/or the school social worker to discuss a solution.

Your child's welfare and success is important to us. Please help your child to be in school every day and on time.

Please sign and return the form at the bottom of the page indicating you have read and understood the information concerning the Broward Truancy Intervention Program.

Sincerely,

John Vetter
Principal
Silver Ridge Elementary School

I have read and understood the information above regarding the Broward Truancy Intervention Program (BTIP).

Parent / Guardian Signature: _____ Date: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Student's Name: _____ Teacher's Name: _____