Sheridan School District 48J

435 South Bridge Street Sheridan, Oregon 97378

Steve Sugg, Superintendent



Phone (971) 261-6959 Fax (503) 843-3505

www.sheridan.k12.or.us

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August 14, 2014		
Student Name: Parent/Guardian Name: SSD School: FCS SSD Attendance Officer: Christina Br	oncheau	
MEDIATION AGREEMEN Back to school plan:	TT – The parties agree to the fo	ollowing terms:
Special Needs:		
Commitment of Parent:		
Commitment of Youth:		
Proof of Attendance will be shown b	y: Daily Attendance sheet.	
If there is further attendance noncomp the authorized representative of the sci 339.010-030, be required to be presen	hool district shall request the p	arent be cited under ORS
Signature of SSD Representative	Signature of Parent/Guard	ian
Signature of SSD Representative	Signature of Student	
Signature of Interpreter (As needed)		