

STUDENT'S NAME \_\_\_\_\_ ROOM # \_\_\_\_\_ DATE \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

**ABSENCE** Return this form to the office within 3 days of your child's return. If not received, your child will receive an unlawful absence.

Date(s) Absent

Reason (Please be specific)

**TARDY**

A medical note should be turned into the office upon your child's return.

My child will be late coming to school on the following date:

Approximate Arrival Time:

Reason: (Please circle or fill in the space after OTHER)

DOCTOR

DENTIST

ORTHODONTIST

RELIGIOUS

OTHER

**EARLY DISMISSAL**

A medical note should be turned into the office upon your child's return.

My child will be picked up on the following day and time:

Will your child return to school today? (Please circle)

DATE: \_\_\_\_\_ Time of Pick-Up: \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_ MAYBE \_\_\_\_\_

Reason (Please circle or fill in the space after OTHER)

DOCTOR

DENTIST

ORTHODONTIST

RELIGIOUS

OTHER

NAME OF PERSON PICKING UP MY CHILD:

RELATIONSHIP:

**SEE REVERSE SIDE FOR ATTENDANCE POLICY**

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