

**AIEA HIGH SCHOOL
ATTENDANCE VERIFICATION FORM**

Student
LAST Name: _____

Student
FIRST Name: _____ Grade: _____

DAY/DATE OF ABSENCE(S): _____

EXCUSED REASONS FOR ABSENCE/TARDY:

<input type="checkbox"/> Illness/Injury	<input type="checkbox"/> Family Court Hearings
<input type="checkbox"/> Medical/Dental Appt	<input type="checkbox"/> Funeral
<input type="checkbox"/> Court Appearance/Citation	<input type="checkbox"/> Road Test/Driver's Permit

OTHER REASONS for ABSENCE/TARDY (MAY BE UNEXCUSED): _____

Student Signature: _____ **Parent Signature:** _____

Student's Home Phone #: _____ **Parent's Contact Phone #:** _____

The attendance verification form must be returned to the office within three (3) days of returning to school.
A doctor's note is required for absences for five (5) or more days.
Please attach doctor's note or other pertinent documentation to substantiate student's absence/tardy.

For Office Use Only			
Approved (Excused)	Denied (Unexcused)	Admin. Signature	Date