

To the Attendance Office



From: _____
(Parent's Signature)

Date: _____

Regarding: _____
(Student's Name) (Birth Date)

(Student's Name) (Birth Date)

(Student's Name) (Birth Date)

(Check applicable)

is late due to _____

will be picked up by _____
(Name) (Relationship)

at _____ AM/PM. Phone # _____

leaving for Doctor/Dental Appointment Personal Business

Other _____

will be going home with _____ and

Relation to student _____

is returning to school after an absence of _____ day(s) due to illness.
(5 or more days requires a doctor's note)

Date(s) out _____

(other) _____

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