



TRADITION.
INNOVATION.
EXCELLENCE.

ATTENDANCE FORM

STUDENT NAME: _____

Grade/Homeroom: _____

Date of Absence: _____

Tardy: _____ Full Day Absent: _____ Half Day Absent: _____ Early Dismissal: _____

Reason for Absence: _____

(Doctor/Dentist appointments will be excused if a note is submitted on official letterhead.)

Parent signature: _____

- By clicking here, I acknowledge that my name above on the signature line is an official signature and legally binding.

Excuses must be returned within three days of a child's absence.