

ATTENDANCE NOTE

STUDENT NAME _____ Grade _____ DATE _____

DAYTIME PHONE NUMBER _____

My child was/will be absent on _____ through _____
(circle one)

All Day absence

Medical/Dental Appointment

Early Departure Time _____

Illness _____

OTHER Reason _____

Parent/ Guardian's Signature _____

Print Parent/Guardian Name _____

Neelsville Middle School, 11700 Neelsville Church Rd., Germantown, MD 20876

email Attendance Secretary: Michelle_M_Halbrook@mcpsmd.org

Phone: 301-353-8064

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