Rocky Hill Middle School Attendance Communication Form

STUDENT INFORMATION Last Name: _____ Grade: _____ First Name: ____ Student ID #: _____

| EARLY DISMISSAL | | | | | |
|--|---------------------|---------------|-----------------------|--|--|
| ☐ Needs to be excused | d on | | at | | |
| | L | ate | Time | | |
| Reason: □ Doctor Appointment □ Dentist Appointment □ Sick | | | | | |
| \square Other (<i>Please explain</i> | n) | | | | |
| ☐ Name of person who | is picking up st | udent: | | | |
| | | | | | |
| | ΙΔΤΕ | ARRIVAL | | | |
| | | | | | |
| ☐ Will be late on ☐ | Date | arrival a | | | |
| Reason: □ Doctor App | | Dentist Annoi | Approximate Time | | |
| | | • • | | | |
| ☐ Other (Please explain | / | | | | |
| | | | | | |
| | REPORT | AN ABSENCE | | | |
| ☐ Was/Will be absent | on L | | to | | |
| | Da | te | Date | | |
| Reason: Doctor App | pointment \square | Dentist Appoi | ntment \square Sick | | |
| ☐ Other (Please explain |) | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Parent or Guardian Sig | nature | | | | |

Rocky Hill Middle School Attendance Communication Form

| STUDENT INFORMATION | | | | |
|---------------------|---------------|--|--|--|
| Last Name: | Grade: | | | |
| First Name:_ | Student ID #: | | | |

Please PRINT Legibly and CHECK only what applies below.

| EARLY DISMISSAL | | | | | |
|--|-----------|------------------|--|--|--|
| ☐ Needs to be excused or | 1 | at | | | |
| | Date | Time | | | |
| Reason: □ Doctor Appointment □ Dentist Appointment □ Sick | | | | | |
| ☐ Other (Please explain) | | | | | |
| □ Name of person who is picking up student: | | | | | |
| | | | | | |
| LATE ARRIVAL | | | | | |
| ☐ Will be late on | arrival a | t | | | |
| | Date | Approximate Time | | | |
| Reason: □ Doctor Appointment □ Dentist Appointment □ Sick | | | | | |
| ☐ Other (Please explain) | | | | | |
| | | | | | |
| | | | | | |
| DEDORT AN ARSENCE | | | | | |

| REPORT AN ABSENCE | | | | | |
|--|------|------|--|--|--|
| ☐ Was/Will be absent on | | to | | | |
| | Date | Date | | | |
| Reason: □ Doctor Appointment □ Dentist Appointment □ Sick | | | | | |
| ☐ Other (Please explain) | | | | | |
| | | | | | |

Parent or Guardian Signature

Daytime Phone #: Date: