

Rocky Hill Middle School

School Absence Notification

_____ / _____
(Student Name) (Grade)

___ **Early Dismissal:** _____ (time) on _____ (date)

Reason for dismissal:

_____ Sick _____ Medical Appointment

_____ Other _____

___ Has permission to be picked up by _____ (name)

___ Was/Will be **Absent:** _____ (date/s)

Reason for absence:

_____ Sick _____ Medical Appointment

_____ Travel (dates/reason) _____

_____ Other (please explain) _____

_____ / _____
Parent or Guardian Signature *Date*

Phone Number

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