

**Little Bennett Elementary 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 on _____ 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 at _____
Date Approximate Time

Reason: Doctor Appointment Dentist Appointment Sick

Other (Please explain) _____

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: _____

Use Back Page for Other Details and/or Comments

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