

**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 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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