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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