## **Winding Creek Elementary**

## Attendance Note

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Attendance Note

Date: Grade: Room:	Date: Grade: Room:
Student Name:	Student Name:
Parent Signature:	Parent Signature:
ABSENCE (Please return within 3 days of your child's absence):	ABSENCE (Please return within 3 days of your child's absence):
Date(s) of Absence	Date(s) of Absence
Reason (Please be specific):	Reason (Please be specific):
ARDY (Please turn in when your child will be late coming to school):	TARDY (Please turn in when your child will be late coming to school):
Date: Approx. Arrival Time:	Date: Approx. Arrival Time:
Reason (Circle or Fill in after "Other"):	Reason (Circle or Fill in after "Other"):
Doctor Dentist Orthodontist Religious	Doctor Dentist Orthodontist Religious
Other:	Other:
EARLY DISMISSAL (Please turn in when your child will be picked up early):	EARLY DISMISSAL (Please turn in when your child will be picked up early):
Date: Time of Pick Up:	Date: Time of Pick Up:
Will Your Child Return? Yes No Maybe	Will Your Child Return? Yes No Maybe
Reason (Circle or Fill in after "Other"):	Reason (Circle or Fill in after "Other"):
Doctor Dentist Orthodontist Religious  Other:	Doctor Dentist Orthodontist Religious Other:
Name of Person Picking Up/Relationship:	Name of Person Picking Up/Relationship:

<sup>\*\*</sup> A medical note should be turned into the office upon your child's return from an appointment.

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