

# Winding Creek Elementary

## Attendance Note

Date: \_\_\_\_\_ Grade: \_\_\_\_\_ Room: \_\_\_\_\_

Student Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

ABSENCE (Please return within 3 days of your child's absence):

Date(s) of Absence \_\_\_\_\_

Reason (Please be specific): \_\_\_\_\_

\_\_\_\_\_

TARDY (Please turn in when your child will be late coming to school):

Date: \_\_\_\_\_ Approx. Arrival Time: \_\_\_\_\_

Reason (Circle or Fill in after "Other"):

Doctor      Dentist      Orthodontist      Religious

Other: \_\_\_\_\_

EARLY DISMISSAL (Please turn in when your child will be picked up early):

Date: \_\_\_\_\_ Time of Pick Up: \_\_\_\_\_

Will Your Child Return?      Yes      No      Maybe

Reason (Circle or Fill in after "Other"):

Doctor      Dentist      Orthodontist      Religious

Other: \_\_\_\_\_

Name of Person Picking Up/Relationship:

\_\_\_\_\_

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

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