



*Bishop McDevitt
Attendance Office
Phone: 236-0161 Fax: 234-1270*

Date _____ Homeroom _____

Student's Name _____

Parent's Signature _____

Parent contact phone number _____

Check all that apply and complete form.

Student is late because _____

Student will be dismissed at _____ am/pm to go to
doctor/dentist. Dr. Name: _____

Other (please specify) _____

Is student returning today? _____ yes _____ no

Phone call confirmation must be received in order to release student.

Student was absent on (date) _____

Reason _____

Other (if needed use back of note)

The compulsory school law requires that no child be excused for absences by the school authorities except for sickness or very urgent reasons.