



**Bishop McDevitt Attendance**  
 Phone: 717-236-0161 Fax 717-234-1270  
 attendance@bishopmcdevitt.org

Date: \_\_\_\_\_ Homeroom \_\_\_\_\_

Student's Name \_\_\_\_\_

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

Parent contact number \_\_\_\_\_

**Check the applicable box(es):**

Student is late because \_\_\_\_\_

Student will be dismissed at \_\_\_\_\_ am/pm  
 to go to \_\_\_\_\_

Is student returning today?  yes  no

Student will be picked up by \_\_\_\_\_

Student will be driving.

**Phone call confirmation must be received to release student.**

Student was absent on (date) \_\_\_\_\_

Reason \_\_\_\_\_

**All emails must include a note with parent signature.**



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