



**Bishop McDevitt Attendance**  
Phone: 717-236-0161 Fax 717-234-1270  
Email: [attendance@bishopmcdevitt.org](mailto:attendance@bishopmcdevitt.org)

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

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

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

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

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

☐ Student is late because \_\_\_\_\_

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

☐ 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.**

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

Reason \_\_\_\_\_

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



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