

Bishop McDevitt Attendance Phone: 717-236-0161 Fax 717-234-1270

Email: attendance@bishopmcdevitt.org

Date:	Homerod	JIII
Student's Name		
Parent Signature		
Parent contact numb	oer	
Check the applicable	e box(es):	
☐ Student is late bed	cause	
	confirmation must b	oe received
Student will be dis	to release student. smissed at	am/pm
to go to		
Is student returning t		□ no
☐ Student will be pio	cked up by	
☐ Student will be dr		
☐ Student was abser		
Reason		
	nclude a note with p	-
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All emails must include a note with parent signature.



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Date:	Homeroo	m
Student's Name		
Parent Signature		
Parent contact numb	er	
Check the applicable	box(es):	
Student is late be	ecause	
Phone call confirmation must be received to release student.		
·	dismissed at	am/pm
to go to		
Is student return	ning today? yes	□ no
☐ Student will be ¡	oicked up by	
☐ Student will be	driving.	
☐ Student was abs	sent on (date)	
Reason		
All emails must in	clude a note with pa	arent signature.



Reason

Date:____

Check the applicable box(es):

Bishop McDevitt Attendance Phone: 717-236-0161 Fax 717-234-1270

Student's Name

Parent Signature______
Parent contact number______

Email: attendance@bishopmcdevitt.org

Homeroom_____

Student is late because	
Phone call confirmation must be to release student.	<mark>received</mark>
☐ 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)	

All emails must include a note with parent signature.