

attendance
MATTERS

Coy Middle School Attendance Office

Student Name: _____
(Please Print First and Last Name of the Student)

Date: _____ Student's current grade level: _____

Will be picked up at _____ for _____
(Date and Time) (Reason for early dismissal)

Is late due to: _____

(reason for late to school)

was absent from school on _____ due to
(dates of absence)

Illness

Funeral

Doctor's appointment – doctor's note is attached

Other: _____

Sincerely,

Parent Signature _____