

Cedar Cliff High School

Attendance Line: 717-920-0322

Parents/Guardians:

Please complete and have your student return form to the office. Thank you.

Student's Full Name:	
Grade:	Date:
<input type="checkbox"/> Early Dismissal:	
Student will be picked up by:	

at _____ for the purpose of _____	
<input type="checkbox"/> Student is returning to school after an absence:	
Date(s) of Absence: _____	
Reason for Absence: _____	
<i>(3 consecutive days of absence requires a note from a doctor)</i>	
<input type="checkbox"/> Student is late due to:	
<i>(If student had an appointment, a note from the appointment is required)</i>	
Parent/Guardian's Signature:	
Parent Phone Number:	

Notes for absences are to be handed in within 3 days of the student's return to school.

Cedar Cliff High School

Attendance Line: 717-920-0322

Parents/Guardians:

Please complete and have your student return form to the office. Thank you.

Student's Full Name:	
Grade:	Date:
<input type="checkbox"/> Early Dismissal:	
Student will be picked up by:	

at _____ for the purpose of _____	
<input type="checkbox"/> Student is returning to school after an absence:	
Date(s) of Absence: _____	
Reason for Absence: _____	
<i>(3 consecutive days of absence requires a note from a doctor)</i>	
<input type="checkbox"/> Student is late due to:	
<i>(If student had an appointment, a note from the appointment is required)</i>	
Parent/Guardian's Signature:	
Parent Phone Number:	

Notes for absences are to be handed in within 3 days of the student's return to school.