NOTE TO SCHOOL

STUDENT NAME ___________________________  GRADE ____  DATE ____________

Please check appropriate box:

☐ Is late to school due to ___________________________________________

   Please request an excuse for any Doctor/Dentist appointments and turn it into the Attendance Office upon arrival

☐ Request an early dismissal and will be picked up by ___________________________

   at _________ a.m./p.m. due to ______________________________________________

   Early dismissal notes should be taken to the Attendance Office before 1st period.

☐ Is returning to school after an absence of ________ day(s), due to __________________

   Absence notes should be taken directly to the Attendance Office upon day of return to school.

DATE(S) OF ABSENCE(S) _______________________________________________________

Parent/Guardian Signature ___________________________    Phone _______________________

SHALER AREA HIGH SCHOOL ATTENDANCE OFFICE

412-492-1200, EXT. 1502

______________________________________________________________________________

NOT TO SCHOOL

STUDENT NAME ___________________________  GRADE ____  DATE ____________

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