

STUDENT'S NAME _____ ROOM # _____ DATE _____

Parent/Guardian Signature _____

ABSENCE Return this form to the office within 3 days of your child's return. **If not received your child will be marked unexcused for the days absent.**

Date(s) Absent

Reason (Please be specific)

PLEASE NOTE: The **ONLY** trips that will be excused absences will be Educational Trips (with the exception of family emergencies, funerals, etc.). You must request an Educational Trip form from the Middlesex office. **This form must be turned into the Middlesex Office at least one week prior to your trip.** (Educational Trips – District Policy allows 2 trips per year, for a maximum of 5 days between the 2 trips; trips will **NOT** be approved for students in grades 3, 4 and 5 during PSSA testing in the Spring and also **NO** trips will be approved for students in grades 1-5 the last 10 days of the school year)

TARDY Please complete this part of the form and turn into the office not more than 1 week prior to your child's anticipated late arrival.

My child will be late coming to school on the following date:

Approximate Arrival Time:

Reason – (Please circle or fill in the space after OTHER)

DOCTOR DENTIST ORTHODONTIST OTHER

EARLY DISMISSAL Please send this in the day of Early Dismissal. If returning on the same day, remember to bring a note from your doctor.

My child will be picked up on the following day and time:

Will your child return to school today? (Please Circle)

DATE:

TIME OF PICK-UP:

YES

NO

MAYBE

Reason (Please circle or fill in the space after OTHER)

DOCTOR DENTIST ORTHODONTIST OTHER

The Person Picking Up My Child Will Be (Please circle or if OTHER fill in the name and relationship of person to student)

MOTHER FATHER GUARDIAN OTHER: NAME

RELATIONSHIP

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