

Arundel High School
Absentee Form

My son/daughter, _____ Grade _____
Legal First Name *Legal Last Name*

was absent from school on _____ for the following reason(s):
Month/Day/Year

Check reason(s) below:

- illness of the child doctor or dentist appointment
 Death in the immediate family Other (explain): _____

Signature: _____ Daytime Phone: _____
Legal Parent or Guardian

Arundel High School
Late Arrival

My son/daughter, _____ Grade _____
Legal First Name *Legal Last Name*

was absent from school on _____ for the following reason(s):
Month/Day/Year

Check reason(s) below:

- illness of the child doctor or dentist appointment
 Death in the immediate family Other (explain): _____

Signature: _____ Daytime Phone: _____
Legal Parent or Guardian