

Main Office: 860.345.8541

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Haddam-Killingworth High School Absence/Dismissal/Late Arrival Form

Office Use Only

Approval

Attendance Secy.

Administrator

Admin. Initials _____

Student Name (printed): _____ Homeroom: _____ Today's Date: _____

Absent – Date(s) if other than today: _____

Dismissal – will be picked up early from school at (time) _____ (date) _____ by _____
(DD/MM/YY) (print parent/guardian name)

Late Arrival – will be brought to school late at (time) _____ (date) _____ by _____
(DD/MM/YY) (print parent/guardian name)

REASON – Required – Please check below:

Doctor/Dentist Appointment

Driver's License Appointment

Funeral

Vacation – Date(s) from: _____ to _____ # of school days missed: _____

Court Date

* College Visit (only 2 absences are waived per year)*

Other: Explain _____

Parent/Guardian Name (printed): _____

Parent/Guardian Signature: _____

Other Professional Signature: _____ Date: _____

Other Professional Title: _____

*Required additional documentation/signature within three days from date of absence to qualify as a waived absence that will not count against the student's attendance record (physician, mental health provider, college representative, court clerk, etc.