



Mercer Island School District

*High School*  
**Attendance Slip**

Student's Name (Please print): \_\_\_\_\_

Grade (check one)      9      10      11      12  
                 

Date/s of Absence: \_\_\_\_\_

Periods Missed (circle):    All    0    1    2    3    4    5    6    7    8

Excused       Unexcused

*Notes:* \_\_\_\_\_

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*Parent Signature:*

*Date:*

**Please print this form and fill out by hand.  
PARENT SIGNATURE IS REQUIRED.**