

MIDDLE COUNTRY CENTRAL SCHOOL DISTRICT  
ATTENDANCE ALERT FORM

**ALERT**

Pupil's Name (Last)	(First)	Perm Number	Grade	Grade Level Administrator	Date Submitted
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10 Days \_\_\_\_\_

24 Days \_\_\_\_\_

Teacher's Name	Course	Period
<b>Parental Communications</b>		
ALERT Phone Call:		
Date: _____ Time: _____ Outcome: _____		