Student’s Full Legal Name: ___________________________________________ Grade: __

Date (s) Absent: ___________________________ Student ID #: ____________________

Time Absent: (Circle) All Day or: 1st 2nd 3rd 4th 5th (homeroom)

**Excused Absences:**

☐ Student Illness*

☐ Religious Holiday*

☐ Family Illness/Death*

   * explain: ________________________________________________

   ________________________________________________

☐ Medical/Dental Appt -

☐ Government/Legal -

☐ College Visit -

   - any of these MUST have official documentation attached

**Unexcused Absences:**

☐ Unexcused - (any other reason than states above)

Parent/Guardian Name: ____________________________________________

Signature: _______________________________________________________

Phone #: ________________________________________________________

Note must be received in the Attendance Office within 3 days of absence

Drop off, FAX 678-331-8128, or attach note in email

Debora.aylor@cobbk12.org