

FCA Attendance Form 2024-2025 School Year

PLEASE PRINT WITH BLUE OR BLACK INK

| STUDENT INFORMATION | | | |
|---|---|-----------|--------|
| Student: | | | Date: |
| Teacher: | | | Grade: |
| ATTENDANCE INFORMATION | | | |
| Tardy due to: | | | |
| Arrival tim | Arrival time: **Three unexcused tardies counts as 1 absence | | |
| Absent due to: | | | |
| ** Attach any parent or doctor's note | | | |
| Needs to leave school early due to: | | | |
| Please have student in the office by: ** If your child is leaving early for an appointment, send a doctor's note with your child the next school day in order to have an excused absence. | | | |
| Parent or Guardian Signature: | | | |
| Pri | nted Name | Signature | Date |
| FCA Office Use | | | |