

**\*\*Please print and complete this form and send it to school with your child.\*\***

**Wallingford Swarthmore School District  
Official Absence/Tardy/Early Dismissal Note**

Student \_\_\_\_\_ Grade \_\_\_\_\_ Phone No. \_\_\_\_\_

Absent Date(s) \_\_\_\_\_ Reason \_\_\_\_\_

Tardy Date \_\_\_\_\_ Time In \_\_\_\_\_ Reason \_\_\_\_\_

Early Dismissal Date \_\_\_\_\_ Time Out \_\_\_\_\_ Reason \_\_\_\_\_

**Note: A written explanation for a child's absence is required by the School Code of Pennsylvania.**

**Any absence of 3 days or more require a Doctor's note.**

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*Parent/Guardian Signature*