**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.

__________________________________________

Parent/Guardian Signature