

# RIVER RIDGE HIGH SCHOOL ATTENDANCE NOTE



Student Last Name: \_\_\_\_\_

Student First Name: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

Parent Cell Phone Number: \_\_\_\_\_

Parent Email: \_\_\_\_\_

Date of Absence: \_\_\_\_\_

Periods Missed:

ALL DAY

1<sup>st</sup> (7:30-8:25)

2<sup>nd</sup> (8:29-9:20)

3<sup>rd</sup> (9:24-10:15)

4<sup>th</sup> (10:19-11:10)

5<sup>th</sup> (11:14-12:05)

6<sup>th</sup> (12:09-1:00)

Reason for absence (note – the following are NOT excused – family emergency, car trouble, slept late, out of town):

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**AFTER 3 CONSECUTIVE ABSENCES FOR AN ILLNESS/SICKNESS, A DOCTOR'S NOTE IS REQUIRED**

**PARENT SIGNATURE:** \_\_\_\_\_