

M. Clifford Miller Middle School

Date: _____

Attention: () Attendance Office

() Teacher: _____

CHECK APPLICABLE BOX

Student's Name: _____

() is returning to school after an absence of _____ days
due to: _____

() is late because _____

() will be picked up early at _____ am/pm by:

Reason: _____

() Other: _____

SIGNED _____
(PARENT OR GUARDIAN)

Daytime Telephone Number: (____) _____