

**ATTENDANCE NOTE – LATE/ABSENT**

This form will allow you to inform the Attendance and the Nurse’s Offices at Great Neck South High School about your child’s lateness or absence. We recommend that you complete this form as soon as you realize your child will be absent. If your child is late to school, please complete the form as soon as you know their anticipated arrival time on the same day. Information received after 2:00 pm may not be reflected in the student’s record on the same day.

1. Child’s (legal) First Name: \_\_\_\_\_

2. Child’s Last Name : \_\_\_\_\_

3. Child’s Grade: \_\_\_\_\_

4. Date of Absence or Lateness: \_\_\_\_\_

5. Please indicate: \_\_\_\_\_ Absent **or** \_\_\_\_\_ Late

6. Time of Arrival at School (for lateness only) \_\_\_\_\_

7. If your child is sick, please indicate the reason below. If your child has a religious obligation, please list that obligation:

\_\_\_\_\_ Illness: List illness in “Other” below

\_\_\_\_\_ Dr. Visit: Doctor’s Note required when student returns

\_\_\_\_\_ Religious Obligation: List in “Other” below

\_\_\_\_\_ Emergency Room Visit: Provide Reason in “Other” below

\_\_\_\_\_ Hospitalization: Provide Reason in “Other” below

Other: \_\_\_\_\_

8. Please indicate if, in regard to this absence/lateness, your child has seen a doctor and been diagnosed with

\_\_\_\_\_ Conjunctivitis (Pink Eye)

\_\_\_\_\_ Pertussis (Whooping Cough)

\_\_\_\_\_ Mononucleosis (Mono)

\_\_\_\_\_ Ringworm

\_\_\_\_\_ Flu (Tested Positive)

Other: \_\_\_\_\_

\_\_\_\_\_  
Parent Name (Please Print)

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Parent Contact phone # or email