



**Thomas Jefferson High School**  
830 Old Clairton Road  
Jefferson Hills, PA 15025  
412-655-8610 X6326 (Attendance)

Student Name \_\_\_\_\_

Grade \_\_\_\_\_

**Date of ABSENCE:** \_\_\_\_\_

**Reason:** \_\_\_\_\_

Absence will be unexcused if note is not received within 3 days upon return. If this is a medical excuse, please attach physician's note to this form.

**Date & time of EARLY DISMISSAL:** \_\_\_\_\_

**Reason:** \_\_\_\_\_

**Pickup Person:** \_\_\_\_\_

Early Dismissal will be unexcused if note is not received within 3 days upon return. Verification of Early Dismissal must be returned to Attendance Office upon return from appointment.

**Date & Time of TARDY:** \_\_\_\_\_

**Reason:** \_\_\_\_\_

Tardy will be unexcused if note is not received within 3 days upon return. If this is a medical excuse, please attach physician's note to this form.

Parent/Guardian Signature \_\_\_\_\_

Daytime Telephone \_\_\_\_\_

Date \_\_\_\_\_