Thomas Jefferson High School 830 Old Clairton Road Jefferson Hills, PA 15025 412-655-8610 X96326 (Attendance)

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	Thomas Jefferson High School
0000	830 Old Clairton Road
000000	Jefferson Hills, PA 15025
	412-655-8610 X96326 (Attendance

Student Name	GR/HR	Student Name	GR/HR	Student Name	GR/HR	
Date of ABSENCE:		Date of ABSENCE:		Date of ABSENCE:		
Reason:		Reason:		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.		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.		Absence will be unexcused if note is not received within 3 days upon return. If this is a medical excuse, please attach physician note to this form.		
Date & time of EARLY DISMISSAL:		Date & time of EARLY I	Date & time of EARLY DISMISSAL:		Date & time of EARLY DISMISSAL:	
Reason:		Reason:	Reason:		Reason:	
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.		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.		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:		Date & Time of TARDY:	:	Date & Time of TARDY:	:	
Reason:		Reason:		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.		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.		Tardy will be unexcused if note is not received within 3 days uporeturn. If this is a medical excuse, please attach physician's not to this form.		