

(Student Full Name)

Early Dismissal:



(Grade)

(date)

Rocky Hill Middle School

School Attendance Notification

(time) on _

Reason for dismissal:		
Sick	Medical Appointment	
Other		
Has permission to be picked up	by(name)	
Was/Will be absent:	date(s)	
Reason for Absence:		
Sick	Medical Appointment	
Travel (dates/reason)		
Other (please explain)		
Please use the 'Attendance Line' and absences. 301-601-3195	l leave a message to report	



Rocky Hill Middle School



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		/
(Student Full Name)		(Grade)
Early Dismissal:	(time) on	(date)
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Please use the 'Attendance Line' and leave a message to report absences. 301-601-3195