

Stuyvesant High School
Attendance Office, Room 203

☐ **ABSENCE** ☐ **LATENESS**
(check one)

Name: _____

OSIS #: _____

ID#: _____

Homeroom: _____

Date of Absence(s): _____

Reason for Absence/Lateness:

Parent's Signature

Date

Teacher's Signatures

Course Code

Period 1:	_____	_____
Period 2:	_____	_____
Period 3:	_____	_____
Period 4:	_____	_____
Period 5:	_____	_____
Period 6:	_____	_____
Period 7:	_____	_____
Period 8:	_____	_____
Period 9:	_____	_____
Period 10:	_____	_____