

STUYVESANT HIGH SCHOOL

ATTENDANCE OFFICE (Rm. 203)

212-312-4800 Ext. 2031

FAX: (212) 312-4882

Fill in every field, (e.g. lunch and Frees)
Must include Course Codes and Teacher's Names

EARLY EXCUSE FORM

Name / Print: _____ Signature: _____

OSIS # _____ Homeroom: _____

Date of Excuse: _____ Current Time: _____ Exiting Time: _____

Reason for Leaving:

Pd.	Teacher's Signatures	Print Name	Course Code
1 st			
2 nd			
3 rd			
4 th			
5 th			
6 th			
7 th			
8 th			
9 th			
10 th			

(Front)

CONSENT

Date: _____

I hereby give consent for my son/daughter to leave school early today

Yes No

Son Daughter

Reason:

From: Mom Dad Guardian Other _____

Print Name: _____ Signature _____

Date of Signature: _____ Contact Number: _____

For Attendance Office Staff Only

Call Fax Email

From: Mom Dad Guardian Other _____

Date: _____ Time: _____

Student was seen by:

School Nurse: Karunadasa Danielle Health Aide: Ruth Dabrio

Student was picked up by: Mom Dad Guardian Other

Notes: _____

(Back)