Springfield School District Springfield School District Late Arrival/Early Dismissal Late Arrival/Early Dismissal Student Name: Grade: Student Name: Grade: Last Late Arrival/Early Dismissal: Date _____ Time ___ : ___ Late Arrival/Early Dismissal: Date _____ Please Check One: (District policy considers the following conditions to Please Check One: (District policy considers the following conditions to constitute reasonable cause for absence from school) constitute reasonable cause for absence from school) ☐ Illness □ Doctor/Dental Appointment □ Recovery from Accident/Injury ☐ Illness □ Doctor/Dental Appointment □ Recovery from Accident/Injury ☐ College Visit ☐ Death in Family ☐ Court Attendance ☐ College Visit ☐ Death in Family ☐ Court Attendance ☐ Other (this reason may not be excused) _____ ☐ Other (this reason may not be excused) _____ **Transportation (check one):** □ Parent/Guardian □ Student Driver □ Walk **Transportation (check one):** □ Parent/Guardian □ Student Driver □ Walk Note Submission Date: Note Submission Date: Parent/Guardian Signature: Parent/Guardian Signature: State Law requires an explanation from the parent/guardian in each incident of State Law requires an explanation from the parent/guardian in each incident of absence and the written notification of the excuse must be kept on file. absence and the written notification of the excuse must be kept on file. **Springfield School District Springfield School District** Late Arrival/Early Dismissal Late Arrival/Early Dismissal Student Name: _____ Grade: _____ Student Name: _____ Grade: _____ First First Last Last Late Arrival/Early Dismissal: Date _____ Late Arrival/Early Dismissal: Date _____ Time : Please Check One: Please Check One: (District policy considers the following conditions to (District policy considers the following conditions to constitute reasonable cause for absence from school) constitute reasonable cause for absence from school) □ Doctor/Dental Appointment □ Recovery from Accident/Injury □ Doctor/Dental Appointment □ Recovery from Accident/Injury ☐ Illness ☐ College Visit ☐ Death in Family ☐ College Visit ☐ Death in Family ☐ Court Attendance ☐ Court Attendance ☐ Other (this reason may not be excused) _____ ☐ Other (this reason may not be excused) **Transportation (check one):** □ Parent/Guardian □ Student Driver □ Walk **Transportation (check one):** □ Parent/Guardian □ Student Driver □ Walk Note Submission Date: Note Submission Date: _____ Parent/Guardian Signature: Parent/Guardian Signature: State Law requires an explanation from the parent/guardian in each incident of State Law requires an explanation from the parent/guardian in each incident of

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