

Cockeysville Middle School (410) 887-7626

Student Name: _____ Grade: _____

H.R. Teacher Name _____

Parent/Guardian Name _____ (printed)

Contact Number: Work/Home _____ Cell: _____

Parent/Guardian Signature _____

ABSENT Date(s) _____

Doctor's Note Attached: yes no

Reason: _____

DISMISSING EARLY Date _____ Time _____

Picked Up
By _____ (printed)

Reason: _____

Returning to school: yes no

Doctor's Note Attached: yes no

LATE Date _____ Time _____

Reason: _____

Doctor's Note Attached: yes no



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