



2014-2015

Late Form (When your child is 10 min. or more late for school this form must be filled out unless there was an appointment in which a doctor's form is required.)

Student Name: _____

Date(s) _____

Arrival time: _____

Reason for lateness: _____

Parent/Guardian Signature: _____

****A child who consistently is late loses valuable instruction time in the classroom. It is imperative that every effort be made to be on time. We may ask to meet with you to assist in providing help or strategies to assist you so that your child has every opportunity to be successful in school.**