

Century Community Charter School

ABSENT ~ LATE NOTICE

To: CCCS

Today's Date: _____

Parent/Guardian Name: _____

Student(s) Grade: 6th 7th 8th

Students Name(s): _____

Late – Reason: _____

Early Pick Up. Reason: _____

Absent. Type: Sick Bereavement Other

Doctors Certificate/Note: Yes No

Reason: _____

of days: _____ Will return to school on: _____/_____/_____

Parent/Guardian Signature: _____

~ Notes/Special Instructions ~