



Bayside High School

32-24 Corporal Kennedy Street, Bayside, New York 11361

Telephone (718) 229-7600

Tracy Martinez, Principal

ATTENDANCE OFFICE ABSENCE FORM

EXCUSED (check): ☐ **ABSENCE**

Part I (Completed by Student):

Student (Print): _____ Student Signature: _____

OSIS #: _____ Official Class: _____

Date of Absence: _____ Submission Date: _____

Part II (Completed by Parent/Guardian):

Reason for Absence (attach documentation if needed, ex: medical note):

Date	Reason

Parent/Guardian:

Parent/Guardian (Print) *Parent/Guardian (Signature)* *Date of Signature*

Phone *Email Address* @ _____

Part III (Completed by Student and Teachers):

- Student: Print course name and teacher name
 - If no class, note as a lunch or a free
- Obtain teachers' signatures
- Submit signed form to Attendance (Room 319) in a timely fashion (*within 2 days of return from absence*)

Pd.	Course Name	Print Teacher's Name	Teacher Signature
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			