MASON ELEMENTARY ABSENCE CHECK SHEET **(FORM 1A)**

DATE:_____ **ABSENCE CALL IN PHONE # 878-2962**

___ **YES** I ***do want*** to be included in the elementary school morning absence check.

___ **NO** I **do not** want to be included in the elementary school morning absence check.

_____ _____
Signature of parent or legal guardian Phone Number

My signature indicates that I accept the responsibility to inform the school **EACH DAY** that my child is absent.

If I cannot be reached by phone, I am listing 3 people who you may call;

1. _____ _____
phone # name and relationship to child

2. _____ _____
phone # name and relationship to child

3. _____ _____
phone # name and relationship to child

Finally, I understand that if I **do not** notify the school of my child's absence **THREE TIMES IN ONE SCHOOL YEAR,** the school's effort to contact me will be discontinued.

Child's Name: _____

Teacher:_____ Grade:_____

No matter what choice you have selected, **PLEASE INDICATE YOUR CHOICE, SIGN YOUR NAME, FILL OUT THE REST OF THE SHEET IF APPROPRIATE, AND RETURN THIS FORM.**

(If there are any changes i.e. phone numbers or contact people during the school year, please remember to notify the school.)

It is our hope that you will elect to take part in this absence check so that working together, we will be able to maximize your child's safety.

Sincerely,
Mason Elementary Staff