



Hopewell Memorial Junior High  
**Absence Card**

Student's Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Homeroom Teacher: \_\_\_\_\_

Date(s) of Absence: \_\_\_\_\_

Reason for Absence(s): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

**Attention:** This card must be given to your child's homeroom teacher **within three days** of returning to school. Failure to do so will result in the date(s) being recorded as illegal unlawful and in violation of Pennsylvania School Code's Compulsory Attendance Law. Parents/Guardians found to be in violation of the Compulsory Attendance Law are subject to fines, etc.

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**For school use only:**

**Date Received:** \_\_\_\_\_

Excused

Unexcused illegal