

TEACHER
NAME: _____
COURSE: _____
DATE: _____



SEMESTER: _____
QUARTER: _____
TEACHER
SIGNATURE: _____

PATRIOTS
JEFFERSON COUNTY
HIGH SCHOOL
ABSENTEE CONTACT FORM
2019 - 2020

PARENT/GUARDIAN CONTACTS SHOULD BE MADE FOR ANY STUDENT WHEN THEY HAVE FIVE ABSENCES OF ANY KIND.

STUDENT NAME/ ID #	GRADE LEVEL	PHONE NUMBER	DATE/TIME CALLED	PERSON CONTACTED	CURRENT GRADE	# OF ABSENCES IN THIS CLASS	COMMENTS

NOTE:

IF THERE IS NO ANSWER, THE PHONE IS DISCONNECTED, OR IF IT IS THE WRONG PHONE NUMBER, PLEASE INFORM THE FRONT OFFICE SO THAT THE CORRECT INFORMATION CAN BE FOUND. **PLEASE SUBMIT THIS FORM TO DR. CAGLE ON THE MAIN CAMPUS OR MRS. MORELOCK AT PATRIOT ACADEMY AS SOON AS IT IS COMPLETED.**