

Parent Communication Form

Notification for Attendance & Dismissal Changes



8094 Plantation Drive
West Chester, OH 45069
P: 513-755-0169
F: 513-755-0179
www.intlacademy.org

Today's Date: _____ Student's Name: _____

Grade: _____ Homeroom Teacher: _____

Parent Phone: _____ Alternate Phone: _____

Parent Signature: _____

Student is: Tardy Absent Early Dismissal

on _____ at _____ due to:
(Date) (Time)

Doctor / Dentist Appointment
(If absent 3 or more days due to illness, a doctor's note is required upon return.)

Vacation
(An "Extended Absence Form" must be completed if absence will be 3 or more days.)

Other _____

Will be picked up at dismissal by: _____
(Name)

on _____
(Date)

Is this person listed on your child(ren's) transportation and emergency dismissal form?

Yes No (If no, they will need to present identification before pick up.)

Student has permission to stay after school today for: _____

and will be picked up by: Parent
 Other: _____
(Name)

Office Use Only

Processed by: _____ Date: _____

E-MAIL TO COMMCHANGES@INTLACADEMY.ORG
ALL CHANGES MUST BE RECEIVED BEFORE 2:30 P.M.