

BRUNSWICK SCHOOL DEPARTMENT
46 Federal Street, Brunswick, Maine 04011

STUDENT UNEXCUSED ABSENCE RECORD

Student Name _____ Age _____ Date of Birth _____

School _____ Grade _____ Date _____

Parent(s) Name(s) _____

Parent(s) Address _____

Parent(s) Phone _____

I. Current year/unexcused absences:

Date	(Circle Days)	Verification	Disposition
A. _____	1/2	1	
B. _____	1/2	1	
C. _____	1/2	1	
D. _____	1/2	1	
E. _____	1/2	1	
F. _____	1/2	1	
G. _____	1/2	1	
H. _____	1/2	1	
I. _____	1/2	1	
J. _____	1/2	1	

II. Attendance History (absences)

K _____	6 _____	9 _____
1 _____	7 _____	10 _____
2 _____	8 _____	11 _____
3 _____		12 _____
4 _____		
5 _____		

III. Pertinent Comments: