



ALCD Tillotson School

4900 Girard Road
Pittsburgh, PA 15227

Student Absence Form

Student's Name: _____

Grade: _____

Homeroom Teacher: _____

Reason for Absence(s):

Date(s) of Absence(s)

Parent/Guardian Signature: _____

Attention: This card must be given you 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.
