



Office of the Assistant Principal for Student Life

## LATE ARRIVAL FORM

Please return this form to the Office of Student Life, Room 115

Student Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Date: \_\_\_\_\_ Time of Arrival: \_\_\_\_\_

Reason for Lateness: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

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

Parent/Guardian Phones:

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_