



# LATE SLIP

Date: \_\_\_\_\_  
Name of Student: \_\_\_\_\_  
Name of Course: \_\_\_\_\_  
Name of Teacher: \_\_\_\_\_

was late for Class today for the following reason(s) shown below:

## CHECK REASON:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Accident          | <input type="checkbox"/> Computer Issues  | <input type="checkbox"/> Death in family     |
| <input type="checkbox"/> Illness (self)    | <input type="checkbox"/> Illness (family) | <input type="checkbox"/> Medical Appointment |
| <input type="checkbox"/> Personal Business | <input type="checkbox"/> Transportation   | <input type="checkbox"/> Vacation            |
| <input type="checkbox"/> Weather           | <input type="checkbox"/> Unknown          |  |
| <input type="checkbox"/> Other             |   |  |

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**No. of minutes late:** \_\_\_\_\_

## Notice Received

**By Student:**       In Person       Electronically (submitted via portal)

## REMARKS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Acknowledged / Signed By:** \_\_\_\_\_

**Name of Teacher:** \_\_\_\_\_

Print

**Date:** \_\_\_\_\_

**Time:** \_\_\_\_\_  AM  PM