## State College Area School District Report of Illegal Absence As A

## First Offense

School:	-	Date of Report:		
Student's Name:	D.O.B:	Gender:	Student ID No.	
Parent's Name:	Address (incl	uding Apt. No.):	Phone Number:	
from school 3 or more days, or	, a studenthe equivalent, on the f	nt in gradefollowing dates:	has been unlawfully absent	
	information about atte y PDE that formal "firs of unlawful absences he(s) is/are on file. Yes	endance regulation st offense" notifica nave occurred.	n email or safe at school arrival is and the importance of submitting ation be sent to parents or guardians	
Date:				
Date:		Excuse:		
Date:	Excuse:			
Principal or Designee Commen	ts:			
		Principal	or Principal Designee's Signature	
		Assistant	t Superintendent's Signature	

<sup>\*\*</sup> Send original to the Assistant Superintendent's office they will forward to the Home and School Visitor.