



# ARDREY KELL HIGH SCHOOL

## Late Arrival Form

Use this form if you do not have a doctor note.

Date \_\_\_\_\_

Grade \_\_\_\_\_

Time: \_\_\_\_\_

Student Number: \_\_\_\_\_

Student Legal Last Name: \_\_\_\_\_

Student Legal First Name: \_\_\_\_\_

Student Legal Middle Name: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_

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