

CENTRALIA BEAUTY COLLEGE

ARRIVING LATE OR LEAVING BEFORE SCHEDULED TIME OFFICIAL DOCUMENTATION

Student Name: _____ Admin Initials: _____

Date Of Tardy: _____

Form of Contact:

<input type="checkbox"/>	Phone Call	<input type="checkbox"/>	Voicemail	<input type="checkbox"/>	Email	<input type="checkbox"/>	Text/Social Media	<input type="checkbox"/>	In Person
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Form of Intervention:

<input type="checkbox"/>	1 ST WARNING	<input type="checkbox"/>	2 ND WARNING	<input type="checkbox"/>	3 RD WARNING	<input type="checkbox"/>	SUSPENSION
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Explanation or any other notes if applicable:

<input type="checkbox"/>	NOTIFIED Prior to 9:30AM

Student Signature: _____