ABSENCE NOTE

NAME OF STUDENT: _____________________________ 
GRADE: _____
DATE OF ABSENCE: ……/…../201_ to ……/…../201 
NAME OF CLASS TEACHER: ______________________
REASON FOR ABSENCE:

☐ Illness
☐ Doctors Appointment
☐ Dentist Appointment
☐ Holidays
☐ Other _______________________________________

SIGNATURE OF PARENT OR GUARDIAN: 
________________________________ Date: ……/…../201

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