CALIFORNIA GULLY PRIMARY SCHOOL

ABSENCE NOTE

NAME: ____________________________________________

GRADE: ___________          TEACHER __________________

This student was absent on __________________________________________

(insert dates)

APPROVED REASONS: (Tick one)

201  Illness
205  Medical Appointment
209  Dental Appointment
211  Bereavement
804  Extended Family Holiday
806/7  Parent Choice  (please specify)

……………………………

Additional comment: (if required)

…………………………………

Parent/Guardian Signature: ________________________________

Date: __________________________

ALL ABSENCES SHOULD BE REPORTED ON THIS STANDARD
FORM & RETURNED TO THE CLASSROOM TEACHER

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