

# 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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