

# Absence Notes

## Communication by Parent/Guardian

4

Student Name: \_\_\_\_\_

Class: \_\_\_\_\_

Total number of days absent: \_\_\_\_\_

He/She has been absent from \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

My child was unable to attend school due to:

- Illness       Urgent Family Reason       Medical Appointment  
 Educational/School Activity       Other (please specify): \_\_\_\_\_  
\_\_\_\_\_

Signed by Parent/Guardian: \_\_\_\_\_

Date:    /    /

Signed by Teacher: \_\_\_\_\_

Date:    /    /

## Communication by Parent/Guardian

5

Student Name: \_\_\_\_\_

Class: \_\_\_\_\_

Total number of days absent: \_\_\_\_\_

He/She has been absent from \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

My child was unable to attend school due to:

- Illness       Urgent Family Reason       Medical Appointment  
 Educational/School Activity       Other (please specify): \_\_\_\_\_  
\_\_\_\_\_

Signed by Parent/Guardian: \_\_\_\_\_

Date:    /    /

Signed by Teacher: \_\_\_\_\_

Date:    /    /

## Communication by Parent/Guardian

6

Student Name: \_\_\_\_\_

Class: \_\_\_\_\_

Total number of days absent: \_\_\_\_\_

He/She has been absent from \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

My child was unable to attend school due to:

- Illness       Urgent Family Reason       Medical Appointment  
 Educational/School Activity       Other (please specify): \_\_\_\_\_  
\_\_\_\_\_

Signed by Parent/Guardian: \_\_\_\_\_

Date:    /    /

Signed by Teacher: \_\_\_\_\_

Date:    /    /

## Communication by Parent/Guardian

7

**Student Name:** \_\_\_\_\_

**Class:** \_\_\_\_\_

**Total number of days absent:** \_\_\_\_\_

**He/She has been absent from**     /     /     **to**     /     /

**My child was unable to attend school due to:**

Illness      Urgent Family Reason      Medical Appointment

Educational/School Activity      Other (please specify): \_\_\_\_\_

Signed by Parent/Guardian: \_\_\_\_\_

Date:     /     /

Signed by Teacher: \_\_\_\_\_

Date:     /     /

## Communication by Parent/Guardian

8

**Student Name:** \_\_\_\_\_

**Class:** \_\_\_\_\_

**Total number of days absent:** \_\_\_\_\_

**He/She has been absent from**     /     /     **to**     /     /

**My child was unable to attend school due to:**

Illness      Urgent Family Reason      Medical Appointment

Educational/School Activity      Other (please specify): \_\_\_\_\_

Signed by Parent/Guardian: \_\_\_\_\_

Date:     /     /

Signed by Teacher: \_\_\_\_\_

Date:     /     /

## Communication by Parent/Guardian

9

**Student Name:** \_\_\_\_\_

**Class:** \_\_\_\_\_

**Total number of days absent:** \_\_\_\_\_

**He/She has been absent from**     /     /     **to**     /     /

**My child was unable to attend school due to:**

Illness      Urgent Family Reason      Medical Appointment

Educational/School Activity      Other (please specify): \_\_\_\_\_

Signed by Parent/Guardian: \_\_\_\_\_

Date:     /     /

Signed by Teacher: \_\_\_\_\_

Date:     /     /