

Absence Notes

Communication by Parent/Guardian

22

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: / /

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Class: _____

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Date: / /

Signed by Teacher: _____

Date: / /

Communication to/from Teacher

16

Signed by Teacher:

Date: / /20

Signed by Parent/Guardian:

Date: / /20

Communication to/from Teacher

16

Signed by Teacher:

Date: / /20

Signed by Parent/Guardian:

Date: / /20

Communication to/from Teacher

16

Signed by Teacher:

Date: / /20

Signed by Parent/Guardian:

Date: / /20