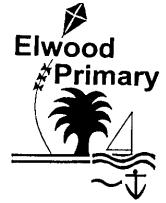


# Student Absence Note



Student's name: \_\_\_\_\_ Grade: \_\_\_\_\_

Date/Period of absence: Start / / - Return to School / /

Please circle :      HALF Day : AM or PM                      FULL Day

Reason (please cross one):

Illness (201)

Parent Choice (806)

Dentist Appointment (209)

Sports Activity eg District/Zone (611)

Medical Appointment (205)

Extended Family Holiday (804)

Signature: \_\_\_\_\_ Signed by : \_\_\_\_\_

(Print clearly please)