

Notification of Student Absence

Dear Parents,

We understand that there are times in which your child may need to be absent from school for the whole day or part of the day due to illness or doctor/dentist appointments. If you know ahead of time that your child will be absent from school, please complete this form and send it to the office.

Student's Name _____ Homeroom _____

My child will be absent from school on _____:
(date)

- All day Late to school in the morning
 Early dismissal: My child will be picked up by _____

Reason:

- Doctor Appointment Dentist Appointment
 Other, please explain: _____

Parent Signature: _____

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