



DATE: \_\_\_\_\_

Teacher: \_\_\_\_\_

RE: Student Absent \_\_\_\_\_ Gr. \_\_\_\_\_  
(Name of Student)

on \_\_\_\_\_  
Date(s)

My child was absent from school on the above date(s) because

Illness     medical appointment     vacation     travel

Other \_\_\_\_\_

Signed: \_\_\_\_\_  
\_\_\_\_\_

(Please Print Parent Name)



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