NAME: ____________________________________
GRADE: ___________ TEACHER: _____________
This student was absent on:
________________________________________
(insert dates)

APPROVED REASONS: (please tick on)

201   Illness
205   Medical Appointment
209   Dental Appointment
211   Bereavement
Other (Please specify) ………………………
…………………………………………

Additional Comment: (if required) ________________
__________________________________________
__________________________________________

Parent/Guardian Signature: ____________________
Date: ____________________

ALL ABSENCES SHOULD BE REPORTED ON THIS STANDARD FORM