

### ABSENCE NOTE

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**

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