



School Name: _____

Date: _____

Parent/Guardian First Name: _____

Parent/Guardian Last Name: _____

Absent Student(s) First Name(s): _____

Absent Student(s) Last Name(s): _____

What day (or days) was the student(s) out? _____

Reason for Absence:

- Student Illness
- Medical Appointment*
- Dental Appointment*
- Other – please specify

**Requires a note from a doctor or physician.*

Other:

(For Illness ONLY) Please give us some details on how your student was ill:

The student(s) was/will be: Out All Day Late Leaving Early

What date can we expect the student to return? _____

(For partial day absentees ONLY), what estimated time will the student(s) return or need to leave? _____