Please complete & return this note with your child to their teacher after each absence. Thank You!

~~ABSENCE NOTE~~

Date: _______________
Student Name: ____________________________
Grade: _____________
Date/s of absence/s:

Reason for absence:

<table>
<thead>
<tr>
<th>Illness 201</th>
<th>Medical appointment 205</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dentist 209</td>
<td>Parent Choice 806</td>
</tr>
</tbody>
</table>

Other: ______________________________________

__________________________________________

Parent / Guardian Signature: __________________

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