Student Absent Form

Name: ___________________________________________________

Date/s of Absence: ______________________ ______________________

Grade: ____________________________ ____________________________

My Child was absent on the above date/s due to the following:

___ Illness or Injury

___ Medical or dental appointments (needs the notes from the doctors)

___ Court or Administrative Proceedings (needs the documents)

___ Educational Opportunity (approved by school administration)

___ Death in Family

___ Quarantine

___ Religious Observance

___ Medically Fragile (needs documentation form doctors)

Parent Signature: __________________________ Date: __________________________

__________________________ __________________________

(Please give this to front desk officer or school registrar)