


STUDENT ABSENCE NOTE



Student Name _____ last name first name **Grade** _____
school _____ date 

Office received by _____ date received 

Please excuse

Dear _____
school admin


Please excuse _____ for being absent from school
student's first and last names

on  M T W Th F _____ all day | through  M T W Th F _____
date of absence date of absence

Please notify _____
teachers and faculty to be notified

*Reason for
absence*

Illness or injury _____
condition returning to school no current symptoms 24 hours without fever not contagious

Appointment
 Doctor/Dental name of doctor _____  _____
 Other name of provider _____ 

Other
 personal or family emergency _____
 other pre-approved activity: _____

Make-up work

My son/daughter will contact teachers to obtain appropriate make-up work if permitted.
 I have contacted/will contact (via email/phone) teachers to obtain appropriate make-up work.

Submitted by

parent/guardian/caregiver signature _____ date 

printed name _____

address _____ 

e-mail _____

student absence note

