Student Absence Note	
Student's Surname:	
Student's First Name:	
Grade: Absent date (	s): / to /
Reason for absence:  Student Illness  Family Holiday (3 or more days)  Other (please specify below):	
Parent's Name: Signature:	
Date:	OFFICE USE Teachers name:
Please return note to the Office.	Date: Verbal Contact: D Phone Contact: D

Student Absence Note		
Student's Surname:		
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Parent's Name:	Signature:	
Date:	OFFICE USE	
	Teachers name:	
Please return note to the Office.	Date:	
	Verbal Contact:  Phone Contact:	