Absentee Explanation Note

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade: ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date/s of Absence/s:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for Absence/s:

 Sick  Appointment (please circle) Doctor/ Dentist  Certificate attached  Other:

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Parent/Caregiver’s Signature Date



Absentee Explanation Note

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade: ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date/s of Absence/s:

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Parent/Caregiver’s Signature Date



Absentee Explanation Note

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade :­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date/s of Absence/s:

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Parent/Caregiver’s Signature Date



Absentee Explanation Note

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade : ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date/s of Absence/s:

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Parent/Caregiver’s Signature Date

