

REPORT OF ABSENCE FORM

Please return within three days of absence.

STUDENT NAME _____

HOMEROOM TEACHER _____

DATE _____

DATE(S) OF ABSENCE _____

Please check the reason for your child's absence:

- | | |
|---|---|
| 1. <input type="checkbox"/> Illness | 5. <input type="checkbox"/> Out of town |
| 2. <input type="checkbox"/> Death in immediate family | 6. <input type="checkbox"/> Family Vacation |
| 3. <input type="checkbox"/> Quarantine | 7. <input type="checkbox"/> Other _____ |
| 4. <input type="checkbox"/> Religious Holidays | |

Please state the reason for number 7 _____

NOTE: Numbers 1 through 4 above are considered Legal Excuses. Numbers 5, 6 and 7 may be declared unexcused/illegal.

PARENT'S SIGNATURE
