

## ABSENCE NOTE

\_\_\_\_\_  
(Today's Date)

Good morning \_\_\_\_\_ ,  
(teacher's name)

My child, \_\_\_\_\_ was absent from school on \_\_\_\_\_ because  
(name of student) (date(s) of absence)

- |                                    |                                      |                                      |                               |
|------------------------------------|--------------------------------------|--------------------------------------|-------------------------------|
| <input type="checkbox"/> Fever     | <input type="checkbox"/> Sore Throat | <input type="checkbox"/> Strep       | <input type="checkbox"/> Cold |
| <input type="checkbox"/> Head Lice | <input type="checkbox"/> Stomach Flu | <input type="checkbox"/> Other _____ |                               |

Sincerely,

\_\_\_\_\_  
(parent's signature)

\_\_\_\_\_  
(home or cell telephone number)

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Sincerely,

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(parent's signature)

\_\_\_\_\_  
(home or cell telephone number)