

ABSENCE NOTE

Good morning _____ ,

My child, _____ was absent from school on _____ because

- | | | | |
|------------------------------------|--------------------------------------|--------------------------------------|-------------------------------|
| <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,

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