



ABSENCE NOTE

	Student's Name	Grade
1		
2		
3		
Date(s) of absence:		Reason for absence
<input type="checkbox"/> All day <input type="checkbox"/> Morning only <input type="checkbox"/> Afternoon only		<input type="checkbox"/> 201 Illness <input type="checkbox"/> 205 Medical Appointment <input type="checkbox"/> 209 Dentist <input type="checkbox"/> 611 Sports <input type="checkbox"/> 800 Parent Choice <input type="checkbox"/> 804 Extended Holiday
Signed:		



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