Student Absence

It is a requirement by the Department of Education that an explanation of absence be provided. You may contact the school by telephone or have a face-to-face conversation with the school approving the absence. Otherwise, please complete this note and return it to the office within two days of your child’s return to school.

Student’s Name: _____________________________    Class: ______

Date of Absence/s:

Reason for Absence:

☐ Illness or injury
☐ Medical/dental appointment
☐ Religious observance
☐ Extended family holiday
☐ Parent choice
☐ Death in family
☐ Other

Explanation:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Parent’s Signature ________________________    Date ____________