



**Kim M. Bruno, Principal**

**STUDENT ABSENCE FORM**

**Student Name:** \_\_\_\_\_

**ID# :** \_\_\_\_\_

**Official Class:** \_\_\_\_\_

**Parent Name:** \_\_\_\_\_ **Phone#:** \_\_\_\_\_

- **The above named Student was absent from school on the following day/days:**

- **The student returned to school on:** \_\_\_\_\_

- **The student attached a note (please check what is applicable)**

**Parent's note or Parent's Signature** \_\_\_\_\_

**Doctor's note**

**Other (please specify)** \_\_\_\_\_

**PLEASE HAVE THIS FORM SIGNED BY ALL TEACHERS. BRING THIS COMPLETED FORM WITH THE ATTACHED NOTE TO THE ATTENDANCE OFFICE IN ROOM 201.**

<b>PERIOD</b>	<b>CLASS</b>	<b>TEACHER SIGNATURE</b>
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____
7	_____	_____
8	_____	_____
9	_____	_____
10	_____	_____

**\*Note: Students are required to make up any missing class work, homework, or tests.**