

Name of Pupil _____
Last First Grade Teacher

Address _____ School

ABSENCE FROM SCHOOL REPORT BY PARENT

Reason for Absence (circle one): Illness; Quarantine; Medical Appointment;
Family Funeral; (If illness, be specific as to nature) _____

Inclusive dates of absence from _____ to _____ Total days absent _____

All the above absence was with my full knowledge and consent: Yes No

Date: _____ Parent's Signature: _____

VERIFICATION OF ABSENCE DUE TO ILLNESS

This illness was verified by means of note, conference, inspection or
telephone on _____, 20____, and I hereby certify that the statements
given above are to the best of my knowledge and belief true and correct.

Signed: _____

Full Signature

Title(check): Nurse,
Attendance Supervisor,
Principal, Teacher,
Physician, or other qualified
school employee.