ABSENCE NOTE ABSENCE NOTE My child _____ My child of class _____ was absent from school on of class _____ was absent from school on _____because of because of (Please tick one) (Please tick one) Illness Illness **Appointment Appointment** Other reasons Other reasons Parent/Guardian Parent/Guardian Name: _____ Name: Signature: Signature: Date: _____ Date: _____ ABSENCE NOTE ABSENCE NOTE My child _____ My child _____ of class _____ was absent from school on of class _____ was absent from school on _____ because of _____because of (Please tick one) (Please tick one) Illness Illness Appointment Appointment Other reasons Other reasons Parent/Guardian Parent/Guardian Name: _____ Name: ____ Signature: Signature: Date: _____ Date: _____