

**Susan O'Brien**  
Chair of the Board of Education

**Dr. Jason McKinnon**  
Superintendent of Schools



**Oxford High School**  
61 Quaker Farms Road  
Oxford, CT 06478  
(203) 888-2468 Fax (203) 881-5250  
**Dorothy Potter, Principal**  
**Robert Schumann, Assistant Principal**

**Reason for Absence Note**

(Must be submitted to the school office no later than the tenth school day after the student returns to school)

Name of Student: \_\_\_\_\_

Date(s) of Absence: \_\_\_\_\_

Reason for Absence: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

A Verified Absence or absences 10 or more must have the proper documentation accompanying this form. This includes, but is not limited to, the following: doctor's note, death in the family, religious holiday, court appearance, or other documentation approved by the building administrator.

*CT State Statute requires that every student absence due to illness occurring after the first nine days must be verified by a licensed medical professional regardless of the length of absence.*