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.*