

ABSENT NOTE ST. MEL'S CATHOLIC ACADEMY

To: _____
Teacher's Name

From: _____
Parent's Signature

Child's Name & Grade _____

Today's Date _____

Reason your child was absent on:

Month Date (s) Year

Check one of the following boxes:

- Sick - Child suffered from _____
- Vacation
- Sickness in Family
- Death in Family
- Doctor/Dentist Appointment
- Other _____

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