

Absence Notification

Please note that written excuses verifying illness/absence must be received within 3 school days following the student's return to school.

Homeroom #: _____

Circle one

My student, _____, was / will be absent
First Name Last Name

from school on the following day(s), _____ , _____ ,
_____ .

due to:

Illness

Doctor/Dentist Appointment Excuse Attached

Funeral

Out of Town

Vacation

Other

Student was checked out on _____

Student was checked in on _____

Parent Signature

____ / ____ / ____

Date

Our Lady of Mercy Office:

Initials: _____ Date: ____ / ____ / ____