



## Saint Francis of Assisi School Absence Note

**Date:** \_\_\_\_\_  
**Student:** \_\_\_\_\_ **Grade:** \_\_\_\_\_  
**Date(s) of Absence:** \_\_\_\_\_  
**Reason for Absence:** \_\_\_\_\_

If your child is absent for 3 or more days, a doctor's note must accompany this Absence Note. The note must be filled out completely and returned when your child returns to school. Thank you!

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

\_\_\_\_\_  
**Phone Number:** \_\_\_\_\_



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