



(parent / guardian)

Absentee Note		Date:
- <del></del>		nt from school on the following date(s):
(name of your child)		
eason:	(insert days / date)	Medical Certificate? Yes / No
		vicultar certificate. 1687 No
Sick	(indicate illness)	
Other		
Other	(indicate reason)	
	Signe	d:
		(parent / guardian)
	angie Central Scl	Education & Communities
osentee Note		Date:
(name of your child)	was absen	nt from school on the following date(s):
	(insert days / date)	
eason:	(msort days / date)	<b>Medical Certificate?</b> Yes / No
Sick		
	(indicate illness)	
Other	(indicate reason)	
		_
	Signe	d:(parent / guardian)
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Tr	angie Central Sc	100 Education & Communities
bsentee Note		Date:
·		nt from school on the following date(s):
(name of your child)		
eason:	(insert days / date)	Medical Certificate? Yes / No
Sick	(indicate illness)	
Other		
	(indicate reason)	
	Signe	d: