**Student Absence Form**

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| --- | --- | --- |
| **Student Name** | **Grade** | **Teacher** |
|  |  |  |

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| --- |
| **Date(s) of Absence(s)** |
|  |

|  |  |  |
| --- | --- | --- |
| **Reason for Absence(s)** – Please check all that apply | | |
| **Illness:** | | |
| Fever | Cold/Cough/Sore Throat | |
| Rash | Stomachache/Vomiting/Diarrhea | |
| Seizure Activity | Other (*please list*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Injury** | **Behavior** |  |
| *Please Describe*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **Out of Town** | | |
| **Doctor or Dentist Appointment** | | |
| **Family Emergency** | | |
| **Other:** | | |

|  |  |
| --- | --- |
| **Parent Signature** | **Date** |
|  |  |

|  |  |  |
| --- | --- | --- |
| **For Office Use:** | **Received by:** | **Date:** |