**Student Absence Form**

|  |  |  |
| --- | --- | --- |
| **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** |
|  |  |

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