

**NATIVITY OF OUR LORD SCHOOL**

215-675-2820 Fax: 215-675-9413

**ABSENCE NOTE**

Please complete and return this note to your child's homeroom teacher on the FIRST day of return to school after the absence.

A doctor's note is required after 3 or more consecutive days of absence for illness.

Student Name: \_\_\_\_\_ Grade \_\_\_\_\_ Homeroom \_\_\_\_\_

Date of Absence: \_\_\_\_\_

Reason for Absence: \_\_\_\_\_

Verification phone # of Parent/Guardian: \_\_\_\_\_ Relationship to student \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date \_\_\_\_\_

Does student have a doctor's note: YES  NO

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