



STUDENT ABSENCE FORM

Student Name	Room #	Homeroom Teacher

Date(s) of Absence

Reason For Absence		
Illness (Check all that apply)		
<input type="checkbox"/> Cold/Cough	<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Sore Throat
<input type="checkbox"/> Rash	<input type="checkbox"/> Stomach Ache	<input type="checkbox"/> Vomiting
<input type="checkbox"/> Fever	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Injury Describe _____		
<input type="checkbox"/> Doctor/Dentist Appointment		
<input type="checkbox"/> Out Of Town		
<input type="checkbox"/> Family Emergency		
<input type="checkbox"/> Other _____		

Parent Signature _____ **Today's Date:** _____