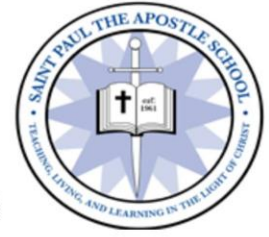




St. Paul the Apostle Catholic School
61 Moss Road
Westerville, Ohio 43082
Phone: 614-882-2710 Fax: 614-882-5998



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 _____
• Injury Describe _____
<input type="checkbox"/> Doctor/Dentist Appointment
<input type="checkbox"/> Out Of Town
<input type="checkbox"/> Family Emergency
• Other _____

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