

**ST. JOSEPH CENTER FOR SPECIAL LEARNING  
STUDENT ABSENCE NOTE**

**STUDENT NAME:** \_\_\_\_\_

**TEACHER'S NAME:** \_\_\_\_\_

**DATE(S) OF ABSENCE:** \_\_\_\_\_

**REASON FOR ABSENCE** (If illness, please be specific as to symptoms – fever, sore throat, strep throat, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
PARENT'S SIGNATURE

\_\_\_\_\_  
DATE

*This note must be completed and given to the office within **three (3) days** of your child's return to school after any absence. If the student fails to return this note to the office, he/she will be marked illegally absent and may be subject to truancy. If your child is absent three or more days, you must also submit a doctor's note stating that he/she able to return to school.*

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