**COLLABORATIVE ARTS MIDDLE SCHOOL**

**ABSENTEE NOTE**



PRINT STUDENT’S FIRST AND LAST NAME CLASS

DATES OF ABSENCE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REASON FOR ABSENCE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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[**For extended absences or chronic conditions (3 or more consecutive days), a doctor’s note is required in addition to the parent’s note.**]



PARENT’S OR GUARDIAN’S SIGNATURE & PHONE NUMBER

**PRESENT THIS CARD AT THE MAIN OFFICE ON THE DAY YOU RETURN.**

**(Office Use Only)**

DATE ENTERED INTO ATS SYSTEM SIGNATURE STUDENT’S I.D.NUMBER



**COLLABORATIVE ARTS MIDDLE SCHOOL**

**ABSENTEE NOTE**



PRINT STUDENT’S FIRST AND LAST NAME CLASS

DATES OF ABSENCE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REASON FOR ABSENCE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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