

SAINT MICHAEL SCHOOL
REPORT OF ABSENCE FORM
PLEASE RETURN WITHIN FIVE DAYS OF ABSENCE

STUDENT NAME _____ TODAY'S DATE _____

HR TEACHER _____ ABSENCE DATES _____

Please check the reason for your child's absence:

- | | |
|------------------------------------|---|
| 1. _____ Illness | 5. _____ Out of town (Preapproval required) |
| 2. _____ Religious Holiday | 6. _____ Family Vacation (Preapproval required) |
| 3. _____ Quarantine | 7. _____ Other _____ |
| 4. _____ Death in immediate family | Please state reason for number 7 |

Parent Signature _____

Note: Numbers 1-4 above are considered legal excuses. Numbers 5, 6, and 7 may be declared unexcused/illegal.

SAINT MICHAEL SCHOOL
REPORT OF ABSENCE FORM
PLEASE RETURN WITHIN FIVE DAYS OF ABSENCE

STUDENT NAME _____ TODAY'S DATE _____

HR TEACHER _____ ABSENCE DATES _____

Please check the reason for your child's absence:

- | | |
|------------------------------------|---|
| 5. _____ Illness | 5. _____ Out of town (Preapproval required) |
| 6. _____ Religious Holiday | 6. _____ Family Vacation (Preapproval required) |
| 7. _____ Quarantine | 7. _____ Other _____ |
| 8. _____ Death in immediate family | Please state reason for number 7 |

Parent Signature _____

Note: Numbers 1-4 above are considered legal excuses. Numbers 5, 6, and 7 may be declared unexcused/illegal.