



ABSENTEE NOTE

Last Name

First Name

Official Cl.

Nine Digit OSIS# *REQUIRED*

Date(s) of Absence : _____

Explanation of Absence:
(use other side if necessary)

Parent/Guardian Signature

Date

Telephone Number

(Please attach Doctors note for extended absences or chronic conditions)



Keisha Warner, I.A. Principal |
Alison Beckman, Asst Principal |
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