Homeroom Teacher ____________________________________________
Name of Student (include first and last name) ______________________
Date(s) of Absence(s) __________________________________________
(Include Month, Date and Year)
Reason For Absence: __________________________________________

Please attach physician's original note if your child visited the doctor, dentist, etc.

Parent/Guardian Signature ______________________________________

Goodridge Elementary School
ABSENCE REPORT
(Please provide one form per absent student per occurrence)

Homeroom Teacher ____________________________________________
Name of Student (include first and last name) ______________________
Date(s) of Absence(s) __________________________________________
(Include Month, Date and Year)
Reason For Absence: __________________________________________

Please attach physician's original note if your child visited the doctor, dentist, etc.

Parent/Guardian Signature ______________________________________