

SAINT ANSELM SCHOOL

Student Absence Form

_____ Student's Name _____ Grade _____

_____ Room _____ Date _____

Kindly excuse the above named student for absence on the following date(s):

Reason (please be specific) _____

Signature of Parent or Guardian

Students must present a doctor's certificate in the following situations upon returning to school: strep throat, pinkeye, measles, whooping cough, mumps, streptococcal infections, scarlet fever, chicken pox, impetigo, scabies, mononucleosis, three consecutive days of absence. This student absence form must be presented to the student's homeroom teacher on the first day of his/her return to school.

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