

Mount Herman Student Absences Form

(Please return form to classroom teacher)

Today's Date: _____ Student Name: _____

Grades: (Circle One) PK K 1 2 3 4 5 6
7 8 9 10 11 12 Post-High

Date(s) Absent: From: _____ To: _____

Reason for absence:

(Please include a doctor note if student was seen by a doctor/dentist)

Parent Signature: _____

Cell Phone Number: _____ Home Phone Number: _____

Is this a new telephone number? (Circle One) Yes No

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