

Ancillae-Assumpta Academy
Absentee Note



Student Name _____ Date of Absence _____

Please indicate the reason for absence:

- | | |
|---|--|
| <input type="checkbox"/> Student illness | <input type="checkbox"/> Illness in family |
| <input type="checkbox"/> Death in family | <input type="checkbox"/> Weather related |
| <input type="checkbox"/> Curricular event | <input type="checkbox"/> Religious sacramental preparation |

Other reason (please be specific)

Parent signature

Date

Ancillae-Assumpta Academy
Absentee Note



Student Name _____ Date of Absence _____

Please indicate the reason for absence:

- | | |
|---|--|
| <input type="checkbox"/> Student illness | <input type="checkbox"/> Illness in family |
| <input type="checkbox"/> Death in family | <input type="checkbox"/> Weather related |
| <input type="checkbox"/> Curricular event | <input type="checkbox"/> Religious sacramental preparation |

Other reason (please be specific)

Parent signature

Date

Ancillae-Assumpta Academy
Absentee Note



Student Name _____ Date of Absence _____

Please indicate the reason for absence:

- | | |
|---|--|
| <input type="checkbox"/> Student illness | <input type="checkbox"/> Illness in family |
| <input type="checkbox"/> Death in family | <input type="checkbox"/> Weather related |
| <input type="checkbox"/> Curricular event | <input type="checkbox"/> Religious sacramental preparation |

Other reason (please be specific)

Parent signature

Date

Ancillae-Assumpta Academy
Absentee Note



Student Name _____ Date of Absence _____

Please indicate the reason for absence:

- | | |
|---|--|
| <input type="checkbox"/> Student illness | <input type="checkbox"/> Illness in family |
| <input type="checkbox"/> Death in family | <input type="checkbox"/> Weather related |
| <input type="checkbox"/> Curricular event | <input type="checkbox"/> Religious sacramental preparation |

Other reason (please be specific)

Parent signature

Date