



Reason for Absence Note

Within ten (10) days of the "incident of absence" a written note must be sent to the school office.

Name of Student: _____

School: _____

Date(s) of Absence: _____

Reason for Absence: _____

Parent/Guardian Signature: _____

Date: _____

Days 1 to 9

This form is required after each "Incident of Absence". I.e., if a child is out ill for one day then a form is required for that day; if a child is out ill for three days in a row then one form is required for that three day absence.

Days 10 and over

CT State Statute requires that every student absence due to illness occurring after the first nine days must be verified by a licensed medical professional regardless of the length of absence. Please attach a note from your licensed medical professional to this form.