



XAVIER HIGH SCHOOL ★ 30 WEST 16 STREET NY 10011 ★ (212) 924-7900

ABSENTEE NOTE

_____ 9 10 11 12 _____
 PRINT STUDENT'S FIRST AND LAST NAME CIRCLE GRADE STUDENT'S I.D.NUMBER

DATES OF ABSENCE _____

REASON FOR ABSENCE _____

[For extended absences or chronic conditions, a doctor's note is required in addition to the parent's note.]

PARENT'S OR GUARDIAN'S SIGNATURE

PRESENT THIS CARD AT THE DEAN OF STUDENT'S OFFICE ON THE DAY YOU RETURN.
N.B.: THIS IS A LEGAL DOCUMENT. NO ONE MAY SIGN IN THE PLACE OF THE PARENT OR GUARDIAN.



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