

CENTRAL ELEMENTARY SCHOOL

Attendance Note

All absences must be reported to the Attendance line at 732-613-6608

Student Name: _____ Student ID Number _____

Date(s) of Absence: _____

Reason for Absence: _____

- | | |
|--|---|
| <input type="checkbox"/> Illness | <input type="checkbox"/> Doctor appointment |
| <input type="checkbox"/> Religious | <input type="checkbox"/> Court appearance |
| <input type="checkbox"/> Death in family | |

Parent/Guardian _____

(Please Print)

Parent/Guardian _____

(Signature)

Office use only
Date Received _____