

UPPER MERION AREA HIGH SCHOOL

Absence Note

Name _____ Date _____
Last Name PRINT First

Teacher _____ Room _____ Date _____

Dates Absent _____

Doctor Contacted (Yes _____) (No _____) _____
(Name)

Explain reason briefly _____

Parent's Signature

THIS FORM TO BE FILLED IN BY PARENT AND RETURNED TO SCHOOL AFTER EACH ABSENCE.

Form #3083