

**CONOVER ROAD PRIMARY SCHOOL
COLTS NECK TOWNSHIP SCHOOLS**

STUDENT ABSENCE FORM

Date: _____
(Today's Date)

To: Conover Road Primary School Attendance Officer

My child, _____, was absent from school on the following
(Child's name)
dates:

Number of Days (Please check): 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ More than 5 days: __ days

Dates: _____ through _____

for the following reason:

_____ Illness* _____
(List symptoms and provide doctor's note, if applicable)

_____ Family Illness _____
(Explain)

_____ Death in Family

_____ Educational Opportunity _____
(Explain)

_____ Religious Observance

_____ Unavoidable Medical or Dental Appointment (provide note from doctor).

_____ Other _____
(Explain)

* Regulation 5200. Attendance requires that "a student's absence for a noncommunicable illness for a period of more than five school days must be accompanied by a physician's statement of the student's illness with medical clearance to return to school.

Sincerely,

Name: _____
(Please Print)

(Signature of parent/guardian)