ARCHBISHOP WOOD HIGH SCHOOL

215-672-5050 x255 Attendance
215-325-1778 FAX

ABSENCE NOTE

Please return this form to the Student Service Office ON THE DAY YOU RETURN TO SCHOOL.
A DOCTORS NOTE IS REQUIRED AFTER 3 CONSECUTIVE DAYS OF ABSENCE
attendance@archwood.org

NAME: _____SECTION:_____ST #_____

DATE OF ABSENCE: _____

REASON FOR ABSENCE: _____If concussion please inform AWCMT

VERIFICATION PHONE # OF PARENT/GUARDIAN: _____

SIGNATURE OF PARENT/GUARDIAN: _____

DOES STUDENT HAVE A DOCTORS NOTE: YES ◯ NO ◯

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