

**Notification to School of Student Absence**

Instructions: This page may be copied or used as an example of the written verification of student absence(s) that the parent is required to send to the school for every absence.

**DATE:** \_\_\_\_\_

**My child** \_\_\_\_\_, **Date of Birth** \_\_\_\_\_ **was**  
First Name Last Name

**absent from school on the following date(s)** \_\_\_\_\_  
give month/day/ year for each day the student was absent

**because** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**My child saw the doctor.**  **yes**  **no** **If yes, please give the name of the doctor:** \_\_\_\_\_  
Doctor's name

**Verification of the doctor's visit is attached.**  **yes**  **no**

**Parent's Signature** \_\_\_\_\_

**Date signed** \_\_\_\_\_