

**Upper Merion Area School District
Elementary Absence Note**

Please Print

Name _____ Date _____

Last _____ First _____

Teacher _____ Room _____ Grade _____

Dates Absent _____

Doctor Contacted (Yes) (No) Name _____

Explain Reason Briefly _____

Parent's Signature _____

THIS FORM IS TO BE FILLED IN BY THE PARENT AND RETURNED TO THE SCHOOL OFFICE
AFTER ANY ABSENCE
Form #7014

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