

Upper Merion Area Elementary Schools
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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