



# ABSENTEE FORM

Date: \_\_\_\_\_  
Name of Student: \_\_\_\_\_  
Name of Course: \_\_\_\_\_  
Name of Teacher: \_\_\_\_\_

was absent from Class today for the following reason(s) shown below:

## CHECK REASON:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Accident          | <input type="checkbox"/> Death in family | <input type="checkbox"/> Illness (self)      |
| <input type="checkbox"/> Illness (family)  | <input type="checkbox"/> Jury Duty       | <input type="checkbox"/> Medical Appointment |
| <input type="checkbox"/> Personal Business | <input type="checkbox"/> Transportation  | <input type="checkbox"/> Vacation            |
| <input type="checkbox"/> Weather           | <input type="checkbox"/> Unknown         |  |
| <input type="checkbox"/> Other             |  |  |

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

Expected return date: \_\_\_\_\_

## Notice Received

By Student:       In Person       Electronically (submitted via portal)

## REMARKS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Acknowledged / Signed By: \_\_\_\_\_

Name of Teacher: \_\_\_\_\_

Print

Date: \_\_\_\_\_

Time: \_\_\_\_\_ AM      PM