**Return from an Absence**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date(s) of Absence\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reason for absence:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Signature Date**

**\*If a child saw a doctor, a doctor’s note is required upon return stating when they may return to school.**

**-------------------------------------------------------------------------------------------------------**

**Return from an Absence**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date(s) of Absence\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reason for absence:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Signature Date**

**\*If a child saw a doctor, a doctor’s note is required upon return stating when they may return to school.**

**-------------------------------------------------------------------------------------------------------**

**Return from an Absence**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date(s) of Absence\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reason for absence:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Signature Date**

**\*If a child saw a doctor, a doctor’s note is required upon return stating when they may return to school.**