

TO: St. Charles School **Date:** _____

RE: Absence

(Student's Name)

(Grade)

(Dates absent)

Reasons for absence (brief summary) _____

Doctor's Note? YES _____ NO _____

Parent/Guardian Signature: _____

TO: St. Charles School **Date:** _____

RE: Absence

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(Grade)

(Dates absent)

Reasons for absence (brief summary) _____

Doctor's Note? YES _____ NO _____

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