

**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: \_\_\_\_\_

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**RE:** Absence

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(Student's Name) (Grade)

\_\_\_\_\_  
(Dates absent)

Reasons for absence (brief summary) \_\_\_\_\_  
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Doctor's Note? YES \_\_\_\_\_ NO \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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Doctor's Note? YES \_\_\_\_\_ NO \_\_\_\_\_

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