



NOTE FOR NURSE

Please report absence information below

Child's Name: _____

Teacher: _____

Phone #: _____

Date(s) of Absence: _____

REASON FOR ABSENCE

(check boxes that apply and provide brief explanation)

Illness:

Medical Appointment:

Family reason:

OTHER:

Parent signature: _____

Kossmann Phone: 850-1010
Flocktown Phone: 852-1376



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