Student Absence Verification Form

My child _____ was absent on _____ due to:

Personal Illness:

_____ Fever ____Sore Throat

_____ Diarrhea ____ Coughing Frequently

_____ Vomiting ____ Skim eruptions/rash

_____ Other _____

Other Categories:

____ Family Illness _____ Death in the Family

____ Religious Reason _____ Doctor Appointment

____ Dentist Appointment _____ Hazardous Weather

____ Other _____

Transportation (Refer to Mrs. Hollinshead or Mrs. Sutton)

_____ _____ _____

Parent Signature Teacher Signature Date