

# COLLABORATIVE ARTS MIDDLE SCHOOL

## ABSENTEE NOTE

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PRINT STUDENT'S FIRST AND LAST NAME

CLASS

DATES OF ABSENCE \_\_\_\_\_

REASON FOR ABSENCE \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

[For extended absences or chronic conditions, a doctor's note is required in addition to the parent's note.]

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PARENT'S OR GUARDIAN'S SIGNATURE & PHONE NUMBER

**PRESENT THIS CARD AT THE MAIN OFFICE ON THE DAY YOU RETURN.**

**(Office Use Only)**

DATE ENTERED INTO ATS SYSTEM

SIGNATURE

STUDENT'S I.D.NUMBER

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