



SEVERN RIVER MIDDLE SCHOOL STUDENT ABSENTEE NOTE

Today's Date: _____

Student's Name _____ Student's Grade _____
(First Name & Last Name)

Date (s) Absent: _____

- | | | |
|--|--|--|
| <input type="checkbox"/> Student Illness | <input type="checkbox"/> Doctor / Dentist | <input type="checkbox"/> Death in Family |
| <input type="checkbox"/> Court | <input type="checkbox"/> Religious Holiday | <input type="checkbox"/> Other (Explain Below) |

Parent / Guardian Signature: _____

Parent / Guardian Contact Number: _____