

Buckingham Elementary School

ABSENT NOTE

“My child was absent because...”

Parents/Guardians: Please complete this Absent Note and return to your child’s teacher on the day your child returns to school.

Student’s Name: _____
(first name) (last name)

Homeroom Teacher: _____

Date(s) of Absence(s): _____

Reason for Absence: _____

Parent’s Signature: _____

Parent’s Name: _____

Phone number where parent can be reached (including cell phone) if the school has a question about the absence: _____