



# SACRED HEART HIGH SCHOOL

Accredited by Middle States Association of Colleges and Schools

## **ABSENCE NOTE**

Today's Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Date(s) of Absence: \_\_\_\_\_

Reason for Absence:

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[ ] Doctor's note attached: \_\_\_\_\_

*\*Students absent for 4 or more consecutive days due to illness require a doctor's note. New York State Law requires a written explanation for each absence. If a student is absent for a doctor's appointment, a doctor's note is necessary.*

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_