

# LONG TERM ABSENCE

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

Student's Name(s): \_\_\_\_\_

Division or Teacher's Name(s): \_\_\_\_\_

First School Day Missed \_\_\_\_\_

First Day Back at School \_\_\_\_\_

Reason: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Office Use Only

Entered in My Ed \_\_\_\_\_

Copy to Teacher \_\_\_\_\_

Copy to Resource \_\_\_\_\_