Topanga Elementary School **Absence Note**

Student Name Student Name _____ Room Number _____ Grade _____ Room Number _____ Grade _____ Date(s) of Absence: Date(s) of Absence: **Reason** (please check one): **Reason** (please check one): _____ Doctor/Dentist ____ Illness _____ Illness _____ Doctor/Dentist _____ Bereavement _____ Court _____ Bereavement _____ Court _____ Other (please explain): _____ _____ Other (please explain): _____ Parent/Guardian Signature Date Parent/Guardian Signature Date Topanga Elementary School Topanga Elementary School **Absence Note Absence Note** Student Name _____ Student Name _____ Room Number _____ Grade _____ Room Number _____ Grade _____ Date(s) of Absence: Date(s) of Absence: **Reason** (please check one): **Reason** (please check one): _____ Doctor/Dentist _____ Doctor/Dentist ____ Illness ____ Illness Bereavement Court Bereavement Court ____ Other (please explain): ___ _____ Other (please explain): ___ Parent/Guardian Signature Date Parent/Guardian Signature Date

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