



Return to School Absent Note

Students Name:	Class:
Date(s) absent:	
This form is to be returned to school after ANY absence. Reason for absence: <input type="checkbox"/> Illness <input type="checkbox"/> Covid Related Absence <input type="checkbox"/> Holidays <input type="checkbox"/> Other	
Covid Declaration: I have no reason to believe that my child has infectious disease and I have followed all medical and public health guidance with respect to exclusion of my child from school. Signed (Parent/Guardian): _____ Date: _____	



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