



# Absence Form

Class: \_\_\_\_\_ Teacher: \_\_\_\_\_

Child's Name: \_\_\_\_\_  
Last Name First Name Middle Name

\*Please circle either

My Child is (going to be/was) absent on \_\_\_\_\_ , \_\_\_\_\_ 20 \_\_\_\_ .  
Date Month Year

Reason for absence \_\_\_\_\_

• Does your child use school bus service? Yes / No

If so, which bus route and station?

Bus Route \_\_\_\_\_ Bus Station \_\_\_\_\_

• Does your child use after school care? Yes / No

• Does your child order Lunch? Yes / No

Parent Signature: \_\_\_\_\_ Parents' Name (print): \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / 20 \_\_\_\_  
Day Month Year

Office Use
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