

Absence Form

Class: _____ Child's Name: _____
Last First

Absent Date: _____ , _____ , 20
Date Month Year

Reason for Absence

Illness or Injury

Fever (°C) Headache Runny Nose Stomachache
 Sore throat Cough Fatigue Diarrhea
 Vomiting Not feeling well Skin Rush Injury
 Other Illness or Injury: _____
 Supplementary Explanation of Reasons Above: _____

 ※ Please call the office (043-296-0277) when your child catches a Communicable Disease.

Other Reason

Family Matter Personal Trip Cram School
 Health Check (Personal)
 Health Check for 3/4/5 years old or Children Approaching Elementary School Age
 Other Reason: _____

◆ Does your child use school bus service?

Yes Bus Route _____ Bus Station _____ / No

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

Parent Signature: _____

Date: / / 20
Date Month Year