

*Mark the reason your child was absent, sign at the bottom, and return to the school in 2 days.



Students are permitted only 5 guardians notes per semester. Any excuses you mark as medical must be accompanied by a note from the Doctor's office with those dates indicated.

Student: _____ School: E P Todd School Grade: _____

Date: _____
 Sick Religious Holiday Bereavement (Death in Family) Judicial
 Flu Medical Visit (Doctor or Dental) Pending Suspension/Punishment

Date: _____
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Parent/Guardian Signature _____ Phone _____