

PHOENIX ELEMENTARY SCHOOL DISTRICT NO. 1

SCHOOL \_\_\_\_\_

Dear Parent or Guardian:

TEACHER \_\_\_\_\_

The law requires that this form be returned at once to the teacher to record the reason a child is absent from school. Please

check the reason for \_\_\_\_\_ 's absence on \_\_\_\_\_  
Child's Name Date

**CLD** Cold

**CON** \_\_\_\_\_  
Other Contagious Disease – Specify

**FLU** Flu

**OTH** \_\_\_\_\_  
Illness **other than** Contagious Disease

**CON** Chicken Pox

**OAB** \_\_\_\_\_  
Other reason for absence

**CON** Mumps

Per voice mail \_\_\_\_\_  
Record name if given; if not record relationship

**CON** Lice

Per verbal conversation with \_\_\_\_\_  
Name of party & relationship to child

**CON** Scabies

\_\_\_\_\_  
Signature of Parent or Guardian Date

\_\_\_\_\_  
Signature of School Personnel Date

PHOENIX ELEMENTARY SCHOOL DISTRICT NO. 1

SCHOOL \_\_\_\_\_

Dear Parent or Guardian:

TEACHER \_\_\_\_\_

The law requires that this form be returned at once to the teacher to record the reason a child is absent from school. Please

check the reason for \_\_\_\_\_ 's absence on \_\_\_\_\_  
Child's Name Date

**CLD** Cold

**CON** \_\_\_\_\_  
Other Contagious Disease – Specify

**FLU** Flu

**OTH** \_\_\_\_\_  
Illness **other than** Contagious Disease

**CON** Chicken Pox

**OAB** \_\_\_\_\_  
Other reason for absence

**CON** Mumps

Per voice mail \_\_\_\_\_  
Record name if given; if not record relationship

**CON** Lice

Per verbal conversation with \_\_\_\_\_  
Name of party & relationship to child

**CON** Scabies

\_\_\_\_\_  
Signature of Parent or Guardian Date

\_\_\_\_\_  
Signature of School Personnel Date