

Academy School District 20
Woodmen-Roberts Elementary
Absence Notification

Student Name _____ Grade _____

Date of Student's Absence: From _____ To _____
Month/Day Month/Day

Total Number of School Days the Student will miss: _____

Reason for Absence: _____

List name(s) and grade(s) of other children in the family who will also be absent from school for the same reason:

Name	Grade
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Name	Grade
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As parent/guardian of _____, I am aware of the Attendance Policy at Woodmen-Roberts and am aware of the academic impact that may be created by this absence. I am also aware that an attendance letter will be received if my child is absent more than 10% of a quarter.

Parent/Guardian Signature

Date