# Brooklyn Public School

## Reason For Absence Form

One per student- to be given to class teacher please.

Dear Parent/Care-Giver

To assist with legal requirements which schools must follow could you complete ALL SECTIONS of this form to explain the absence from school of the following student:

NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CLASS :\_\_\_\_\_\_\_\_\_

DATE(S) OF ABSENCE: \_\_\_/\_\_/\_\_/ (to\_\_\_/\_\_\_/\_\_\_/\_\_\_\_ more than a day)

TIMES ABSENT IF A PARTIAL ABSENCE FROM \_\_\_\_\_\_\_ (AM/PM) TO \_\_\_\_\_\_\_

TICK THE FOLLOWING BOX:

SICK: Type of Sickness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### LEAVE : To attend:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARTIAL LEAVE: Reason late to class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Name (Print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian

### Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Note:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_