

Notice of Absence Excuse Form Da	ate:
Student Name:	Grade:
Type of Absence:Illness or Health Reason	Vacation
BereavementOther	
Date/s of Absence:	
Parent/Guardian Signature:	*
This form must accompany all students when they return to school fr for 3 consecutive days, a note from the Doctor must also be included.	
SAINT JOSEPH SCHOOL Saint Joseph Catholic School 273 East Main Street, Dallastown, PS 17315	
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This form must accompany all students when they return to school from an absence. If the student has absent for 3 consecutive days, a note from the Doctor must also be included.