David Thompson Secondary School - Absence Notice

Please bring this note to the main office within **ONE** week upon your return. Make sure to get your teachers' initials and have a parent sign it.

Last Name:		First Name:		*Grade:

*Date(s) Absent:		*Student #:	

Period(s) Absent: (√ check below)	Teacher Initials	Reason for Absence: (√ check **one** below)
☐ Session 1(**P1**)		☐ Illness
☐ Session 2(**P2**)		☐ Appointment
☐ Session 3(**P3**)		☐ Vacation
☐ Session 4(**P4**)		☐ Other (Please specify)
☐ Others (Please specify: **P5, P6, P7, P8, P9) If not specified, only excuse 4 for classes by default)**		_____ _____

Date of Submission: _____   Parent/Guardian Signature: _____