





David Thompson Secondary School

ABSENCE NOTE

Please submit this absence note to the Main Office **within ONE week** of the student's return to school.
This note must be signed by a parent/guardian and teachers' initials are required.

Last Name:		First Name:		Grade:	
Date(s) of Absence:			Student No.:		
 Check the period you are absent:		Teacher's Initials	 Check the reason for your absence:		
Period 1			Illness Appointment Vacation Other reasons (please specify):		
Period 2					
Period 3					
Period 4					
Others (please specify, e.g., P5/P6/P7/P8):					
Submitted on:		Parent/Guardian's Name:		Parent/Guardian's Signature:	