



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)		
<input type="checkbox"/> Session 1		<input type="checkbox"/> Illness		
<input type="checkbox"/> Session 2		<input type="checkbox"/> Doctor/Dentist		
<input type="checkbox"/> Session 3		<input type="checkbox"/> Non-Medical Appointment		
<input type="checkbox"/> Session 4		<input type="checkbox"/> Vacation		
		<input type="checkbox"/> Other (Please specify)		

Date of Submission: _____ Parent/Guardian Signature: _____