:3TON

school month involved. in two or more months, a separate report shall be filed for each Education at anytime it is requested. If the period of absence is to the principal. It shall be available to the State Department of This report is to be kept on PERWANENT FILE in the office

Dear Parents,

eligible for State funds on the basis the State Department of Education. Your school district may be order that we may complete the necessary attendance reports to required attendance accounting. Your cooperation is needed in formerly used. Its use will be of tremendous assistance in our This form will replace written notes of absence explanation

Street	City Zi	ıp				
Grade Teacher	School					
ABSENCE FROM SCHOOL REPORT BY PARENT						
Reason for Absence (Circle One): Illness; Quarantine; Medical Appointment;						
Family Funeral. (If illness, be specific as to nature)						
Inclusive dates of absence fromto		1t				
All the above absence was with my full knowledge and consent: Yes \square No \square						
Date: Parent's Signature						
VERIFICATION OF ABSENCE DUE TO ILLNESS						
This illness was verified by means of note, conference, inspection or telephone						
on, 20, and I hereby certify that the statements given are to the						
best of my knowledge and belief true and correct.	Title (check): Nurse					
Signed:	Attendance Supervisor, Principal, Teacher,					
Reorder #28-55920 Beverly Hills Unified School District	Physician or other qualified school employee.					

First

Student Name							
	Last		First				
Student Address							
	Street		City	Zip			
Grade Te	e Teacher School						
ABSENCE FROM SCHOOL REPORT BY PARENT							
Reason for Absence (Circle One): Illness; Quarantine; Medical Appointment;							
Family Funeral. (If illness, be specific as to nature)							
Inclusive dates of absence fromtoTotal days absent							
All the above absence was with my full knowledge and consent: Yes \square No \square							
Date:	Parent's Signa	ature					
VERIFICATION OF ABSENCE DUE TO ILLNESS							
This illness was verified by means of note, conference, inspection or telephone							
on, 20, and I hereby certify that the statements given are to the							
best of my knowledg	ge and belief true	e and correct.	Title (cheo	k): Nurse			

Signed:

Reorder #28-55920

Beverly Hills Unified School District

	Date	I al elit s Siglia	
VERIFICATION OF ABSENCE D ness was verified by means of note, confere , 20 , and I hereby certify that t	VERIFICATION OF AI This illness was verified by means of r on, 20, and I hereby o		
my knowledge and belief true and correct. Title (check): Nurse Attendance Supervisor, Principal, Teacher, Physician or other qualified school District school Principal Physician or Ph		-	vledge and belief true
Education. Your school district may be the basis of verified illness.			n. Your school distric s of verified illness.

Student Name _____

Student Address

Last

school month involved.

Dear Parents,

in two or more months, a separate report shall be filed for each Education at anytime it is requested. If the period of absence is of the principal. It shall be available to the State Department of This report is to be kept on PERMANANT FILE in the office : **JTON**

order that we may complete the necessary attendance reports to

required attendance accounting. Your cooperation is needed in

formerly used. Its use will be of tremendous assistance in our

This form will replace written notes of absence explanation