

Student Name _____

Last

First

Student Address _____

Street

City

Zip

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 from _____ to _____ Total days absent _____

All the above absence was with my full knowledge and consent: Yes No

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.

Signed: _____

Reorder #28-55920
Beverly Hills Unified School District

Title (check): Nurse
Attendance Supervisor,
Principal, Teacher,
Physician or other qualified
school employee.

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

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

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