

My child _____

in _____ grade Mrs./Ms. _____ class

was absent from school on _____ because he/she was:

_____ **Throwing Up**

_____ **Communicable Disease**** (Pink Eye, Strep Throat, etc. see chart
in handbook for complete list)

_____ **Running Fever** (must be fever free 24 hrs. un-medicated
before they can return to school)

_____ **Not Sick**-Just day off with family.

_____ **Other:** _____

*****Please remember if your child has a communicable disease you have to have a note from your doctor stating what date your child can return to class. No child will be permitted without the Doctors note.***

_____ *parents signature*