



Berlin Intermediate School

ABSENT NOTE

Parents/Guardians: Please complete this Absent Note or attach any doctor's note and return to your child's teacher on the day your child returns to school.

Student's Name: _____

Please Print: (First Name) (Last Name)

Homeroom Teacher: _____

Date(s) of Absence(s): _____

"My Child was absent because....."

Reason for Absence:

Parent's Signature: _____

Date

Parent's Name: _____

Please Print

Phone number(s) where parent can be reached (including cell phone) if the school has a question regarding the absence: _____