Gwynedd-Mercy Academy Elementary ABSENCE NOTE

Child's Name:	Homeroom:
Date(s) of Absence:	
Reason for Absence: (If illness	s, please be specific as to symptoms fever, sore throat, strep throat, etc.
This note must be complete after any absence.	ed and given to child's homeroom teacher on return to school
Gwyn	edd-Mercy Academy Elementary
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Date(s) of Absence: Reason for Absence: (If illness Parent's Signature:	Homeroom: s, please be specific as to symptoms fever, sore throat, strep throat, etc.
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