

**Gwynedd-Mercy Academy Elementary**  
**A B S E N C E   N O T E**

Child's Name: \_\_\_\_\_ Homeroom: \_\_\_\_\_

Date(s) of Absence: \_\_\_\_\_

Reason for Absence: *(If illness, please be specific as to symptoms... fever, sore throat, strep throat, etc.)*

\_\_\_\_\_

Parent's Signature: \_\_\_\_\_

**This note must be completed and given to child's homeroom teacher on return to school after any absence.**



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