



Absence Note

CAMELOT ELEMENTARY PTA

STUDENT NAME

TEACHER

GRADE

DATE(S) ABSENT

REASON FOR ABSENCE

☐ Illness

☐ Doctor / dentist appointment

Please attach the note from the office if you have one.

☐ Other

ANYTHING THE SCHOOL SHOULD KNOW (OPTIONAL)

PARENT / GUARDIAN SIGNATURE

DATE

X _____

Please return this note to your child's teacher.

camelotpta.com

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