

CONOVER ROAD ELEMENTARY SCHOOL
COLTS NECK TOWNSHIP SCHOOLS

STUDENT ABSENCE FORM

Date: _____
(Today's Date)

To: Conover Road Elementary School Attendance Officer

My child, _____, was absent from school on the following dates:
(Child's name)

Number of Days (Please check): 1__ 2__ 3__ 4__ 5__ More than 5 days: __ days

Dates: _____ through _____

for the following reason:

___ **Illness*** _____
(List symptoms and provide doctor's note, if applicable)

___ **Family Illness** _____
(Explain)

___ **Death in Family**
___ **Educational Opportunity** _____
(Explain)

___ **Religious Observance**
___ **Unavoidable Medical or Dental Appointment (provide note from doctor)**

___ **Other** _____
(Explain)

*Regulation 5200 Attendance requires that "a student's absence for a noncommunicable illness for a period of more than five school days must be accompanied by a physician's statement of the student's illness with medical clearance to return to school.

Sincerely,

Name: _____
(Please Print)

(Signature of parent/guardian)