

**LAFAYETTE ELEMENTARY SCHOOLS
ABSENTEE NOTE**

Please complete this form and return it to your child's homeroom teacher within two days after he/she is absent from school. If your child has been to a doctor, please attach the doctor's excuse. See student handbook for guidelines.

_____ **STUDENT NAME** _____ **HOMEROOM TEACHER**

DATE(S) OF ABSENCE(S) _____

REASON FOR ABSENCE _____

CONTACT PHONE NUMBER _____

PARENT/GUARDIAN SIGNATURE _____

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