

Freehold Township Elementary District

Date: _____
(today's date)

To the School Attendance Office:

My child, _____, was absent from school
(child's name)

on _____ for the following reason:

___ Illness/Injury* _____

___ Family Illness _____

___ Death in the Family _____

___ Educational Opportunity or HS visit _____

___ Take Your Child to Work _____

___ Religious Observance _____

___ Unavoidable Medical or Dental Appointment _____

***If student is absent for 3 consecutive days or longer due to illness, a doctor's note is required (with restrictions, if applicable) per student handbook.**

Parent/Guardian Signature

For Official Use Only

___ Excused ___ Unexcused

Reviewed by

Date

Notes: _____

Mission Statement

To work with teachers, students, community members, administrators, and parents as a community of learners to improve and enhance the educational environment, attitude, and instruction within our school.