

My child attends: (check one)

<input type="checkbox"/> Berlin1	<input type="checkbox"/> Kantner	<input type="checkbox"/> Salisbury
<input type="checkbox"/> Berlin 2	<input type="checkbox"/> Maple Ridge	<input type="checkbox"/> Shade
<input type="checkbox"/> Central City	<input type="checkbox"/> Meyersdale 1	<input type="checkbox"/> Sipesville
<input type="checkbox"/> Confluence	<input type="checkbox"/> Meyersdale 2	<input type="checkbox"/> Windber
<input type="checkbox"/> Friedens	<input type="checkbox"/> Salisbury	

_____ was absent on _____ Returned _____
(Childs name) (date or dates) (date)

Reason(s) for absence (please check all that apply):

- | | | | |
|-----------------------------------------|----------------------------------------------------------|-------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Allergy | <input type="checkbox"/> Cold | <input type="checkbox"/> Cough/Sore throat | <input type="checkbox"/> Diarrhea |
| <input type="checkbox"/> Headache | <input type="checkbox"/> Lice | <input type="checkbox"/> Stomachache | <input type="checkbox"/> Fever |
| <input type="checkbox"/> Strep throat | <input type="checkbox"/> Chicken pox | <input type="checkbox"/> Skin Rash | <input type="checkbox"/> Pink eye |
| <input type="checkbox"/> Flu | <input type="checkbox"/> Funeral | <input type="checkbox"/> Family Issues | <input type="checkbox"/> Religious activities |
| <input type="checkbox"/> Out of town | <input type="checkbox"/> Visiting other custodial parent | <input type="checkbox"/> Transportation problem | <input type="checkbox"/> Overslept |
| <input type="checkbox"/> Missed the bus | <input type="checkbox"/> Child did not want to come | <input type="checkbox"/> Parent did not send | |
| <input type="checkbox"/> Other _____ | | | |

Hospitalization/Outpatient _____ DR/Dentist appt _____
(reason) (name)

Parent/Guardian Signature: _____

_____ Excused
_____ Non Excused

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Hospitalization/Outpatient _____ DR/Dentist appt _____
(reason) (name)

Parent/Guardian Signature: _____

_____ Excused
_____ Non Excused