

ABSENCE NOTE REMINDER

Parents are responsible for providing school officials with verification (notes and/or documentation) of the reason for each student absence upon return to school. A three day consecutive absence requires a note from your physician. Please send in absence verification for the following dates. Thank you.

Student Name: _____ Homeroom #: _____

Date of Absence/s: _____

Reason for Absence (Please be specific): _____

Signature of Parent/Guardian: _____

2400 Bristol Pike, Bensalem PA 19020
215-245-6055 Fax: 215-245-6058 info@schollane.org

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