Berlin Intermediate School

**ABSENT NOTE**

Parents/Guardians: Please complete this Absent Note or attach any doctor’s note and return to your child’s teacher on the day your child returns to school.

Student’s Name: ____________________________________________________________

Please Print: (First Name) (Last Name)

Homeroom Teacher: ________________________________________________________

Date(s) of Absence(s): _____________________________________________________

"My Child was absent because......."

Reason for Absence:

________________________________________

________________________________________

________________________________________

________________________________________

Parent’s Signature: ___________________________________________ Date

Parent’s Name: ___________________________________________ Please Print

Phone number(s) where parent can be reached (including cell phone) if the school has a question regarding the absence: ___________________ ___________________