



Date _____

Dear _____,

Your child was absent on _____.
We have not received a note or excuse for this absence. Please provide a note from the doctor upon your child's return to school if the absence was due to a medical/dental/orthodontic appointment or an illness that required medical treatment.

A note from you is required for all other absences. (Please see the school's absence policy from the *SBS Parent Student Handbook* below.) For your convenience, you may complete the absence note at the bottom of this sheet. Detach it and return to the classroom/homeroom teacher upon your child's return to school.

Thank you,

Excessive Absences

Any student who misses **15** or more days of school during any academic trimester may receive a grade of **incomplete** for each subject on his/her SLA for that grading period. Any student who misses **30** or more days of school during any school year may be subject to retention in his/ her current grade. Excessive absences or tardies may result in a conference with administration.

Notifying School of Absences

When your child is absent, please call the Health Room at 714.846.2472 before 8:30 A.M. each day of the absence and email your child's teacher and the Health Technician (For Junior High, please email ALL teachers.) State the student's name, homeroom, and reason for absence. If the student is ill, please state the nature of the illness (fever, headache, etc.)

Immediately report all cases of head lice or infectious illness such as flu to the Health Technician so that precautions can be taken and families alerted. **Upon your child's return to school, send or email a signed and dated note to the Homeroom Teacher stating the student's name, date, and reason for the absence.** For absences of three school days or more, please obtain a physician's note releasing the student for return to school. In Junior High, please notify ALL teachers if your child is absent.

↓ Detach Here ↓



Student Absence Note

Please complete this form and return to the classroom/homeroom teacher upon your child's return to school.

Student Name _____ Grade _____

Date of Absence _____

Reason: Ill Medical Appointment Dental Appointment Other (Please state reason)

Signature of Parent/Guardian _____