

LANCASTER SCHOOL DISTRICT
New Vista Middle School
ABSENCE VERIFICATION

STUDENT'S NAME _____ TODAY'S DATE: _____

DATE(s) OF ABSENCE _____

HOMEROOM TEACHER: _____ ROOM # _____ GRADE _____

Dear Parent:

If your child was absent from school, please complete the form and check the reason for the absence. If the absence was due to a reason not on the list, please check OTHER and briefly explain. Then sign and have your son or daughter return the form to their Homeroom teacher.

Thank you.

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_____ ILLNESS	_____ DOCTOR APPT.
_____ FUNERAL	_____ BUSINESS or OUT OF TOWN
_____ VACATION	_____ OTHER _____

Signed: _____
(Parent/Guardian)

Parent Phone Number _____