

**Commack High School**  
***Absence Note***

Student's Name: \_\_\_\_\_  
*(please print)*

Student's Grade: \_\_\_\_\_

Student's Homeroom Teacher: \_\_\_\_\_

Student's Guidance Counselor: \_\_\_\_\_

Date(s) of Absence: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Daytime Contact #: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

**Please briefly describe the reason for your child's absence:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**For Office Use Only:**

<b>Excused</b>	<b>Unexcused</b>
<input type="checkbox"/> Personal Illness/Injury	<input type="checkbox"/> Overslept
<input type="checkbox"/> Family Illness	<input type="checkbox"/> Missed the Bus
<input type="checkbox"/> Death in the Family	<input type="checkbox"/> Personal
<input type="checkbox"/> Religious Observance	<input type="checkbox"/> Truant/Tardy or Late
<input type="checkbox"/> Approved College Visitation <b>(Documentation Required)</b>	<input type="checkbox"/> Family Vacation
<input type="checkbox"/> Visit to Health Clinic/ Doctor <b>(Documentation Required)</b>	<input type="checkbox"/> Other
<input type="checkbox"/> Court Appearance <b>(Documentation Required)</b>	