



ACADEMY OF THE HOLY ANGELS  
ATTENDANCE OFFICE  
(201) 768-7822 x247

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

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

Reason for absence: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent's Signature: \_\_\_\_\_  
THIS IS A LEGAL DOCUMENT. NO ONE MAY SIGN IN THE PLACE OF THE PARENT OR GUARDIAN. PLEASE  
DO NOT ASK YOUR DAUGHTER TO SIGN.

*If student is absent 3 or more consecutive days, a doctor's note with diagnosis must accompany this  
parent note. Students without Doctor's note are not admitted to the building.*

PRESENT THIS NOTE TO THE ATTENDANCE OFFICE THE MORNING YOU RETURN.



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