



ACADEMY *of the* HOLY ANGELS
Attendance Office
(201) 768-7822 x 247

Student's Name:

Grade:

Date of Absence:

Reason for Absence:

Parent's Name:

Parent's Signature:

Please print this document, sign, and submit to the attendance office.

If a student is absent for 3 or more consecutive days, a doctor's note with a diagnosis must accompany this parent note. Students without a doctor's note will not be permitted in the building.

NOTE: This is a legal document. No one may sign in place of the parent or guardian. Please do not ask your daughter to sign.