

St. Joseph School

(510)724-0242

Teacher's Name _____

Grade ____

Please excuse _____

For being absent on _____

(S/He) was

_____ sick

_____ at a doctor's appointment

_____ at a dentist's appointment

_____ at an eye doctor's appointment

_____ at a funeral for _____

_____ other (unexcused)

Parent/Guardian Signature

*Please call school before 9:30 a.m. each day your child is absent and send a note to school with your child on the day of their return.