

St. Mary of the Annunciation School

4 Myrtle Street
Melrose, MA 02176

ABSENCE/TARDY SLIP

Date: _____

Name of Student: _____

Homeroom _____

Absent/Tardy on _____
Month Day(s) Year

The reason for this absence/tardy is

Illness: Yes _____ No _____

If Yes, please circle all that apply.

Fever (100.4° or higher)

Sore throat

Cough

Runny nose

Vomiting

Diarrhea

Other (please explain) _____

If No, please explain the reason for the absence/tardy.

Signature of Parent/Guardian: _____

Telephone Number: _____
Home Work

This form is due on the day after an absence or on the day of the tardy. No other note is acceptable.

Time of arrival at school: _____

Do not write in this space. For office use only. S.N. _____ Date posted _____