



# RICHLAND COLLEGIATE HIGH SCHOOL

## **ABSENCE NOTE**

- **PLEASE COMPLETE THIS FORM FOR ALL ABSENCES THAT DO NOT REQUIRE OFFICIAL DOCUMENTATION**  
(Official documentation is required for: visits to the doctor/dentist, court, college visits, funerals, & religious holidays)
- **THIS FORM MUST BE TURNED IN WITHIN 3 DAYS OF THE STUDENT'S RETURN TO SCHOOL**
- **ALL INFORMATION MUST BE COMPLETED IN ORDER FOR THE FORM TO BE ACCEPTED**

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

Student ID Number: \_\_\_\_\_

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

Was student absent all day:  Yes  No\*

\*If the student **was not** absent all day please complete the following for each class missed:

CLASS NAME	CLASS START TIME	CLASS END TIME

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Email (optional): \_\_\_\_\_

FOR OFFICAL USE ONLY:

RECEIVED BY: \_\_\_\_\_

NOTE ACCEPTED:  Yes  No

ENTERED BY: \_\_\_\_\_

RECEIVED DATE: \_\_\_\_\_

REASON NOTE NOT ACCEPTED:  
\_\_\_\_\_

ENTERED DATE: \_\_\_\_\_