J				ientary Scho NT NOTE	ol	
Student's Name	 			_ Grade:	Teacher:	
Absent date (s)/]	_ to	/	_/		
Reason for absence:	 					
Parent's Signature:	 					
Date:						

*Please return absent note to teacher.

*Per Neshaminy School Board Policy #552, absence notes are expected to be submitted to the appropriate teacher within <u>three (3) school days upon the student's return to school</u> and will not be accepted more than ten (10) school days after the student's return to school. If the note is not submitted within the 10 day grace period, the absence will be declared illegal/unexcused.

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