



GRAY COLLEGIATE ACADEMY

ABSENCE FORM

Today's Date: _____

Student's Full Name: _____

Parent's Name: _____

Parent Contact Number: _____

Parent Email Address: _____

Date of Absence: _____

<u>VERIFIED</u> (Does count toward allowed absences)	<u>LAWFUL</u> (Does NOT count toward allowed absences)
<input type="checkbox"/> Parent Note	<input type="checkbox"/> Medical Note (Please attach medical note)
<input type="checkbox"/> Illness without Doctor Visit	<input type="checkbox"/> School Approved Field Trip
<input type="checkbox"/> Court Appearance	<input type="checkbox"/> Principal Approved
<input type="checkbox"/> Family Emergencies	
<input type="checkbox"/> Bereavement/Funeral	

Parent's Signature: _____