

Serving the students of Conshohocken, Plymouth and Whitemarsh

PLYMOUTH WHITEMARSH HIGH SCHOOL ABSENCE NOTE

This form is to be completed and submitted by the parent/guardian the day after their child is absent from school. Starting on the third consecutive day of an absence, a doctor's note is required.

STUDENT FULL NAME	
DATES of ABSENCE	
GRADE	
○ 9	
C 10	
C 11	
O 12	
REASON for ABSENCE The state of Pennsylvania identifies the Illness	e following reasons as excused. (Please check one):
O Death in the Family	
O Qua ra ntine	
C Religious Holiday	
Recovery of Accident	
Court Attendance	
C Family Educational Trip (pr	ior approval required by the Principal)
DOCTOR CONTACTED	
O Yes	
O No	
COMMENTS:	
PARENT/GUARDIAN NAME	
PARENT/GUARDIAN PHONE	
PARENT/GUARDIAN E-MAIL	
PARENT/GUARDIAN SIGNATURE	