PHOENIX ELEMENTARY SCHOOL DISTRICT NO. 1				SCHOOL	
Dear Parent or Guardian:				TEACHER	
The la	nw requires that th	nis form be returned	d at once to the teacher to re	ecord the reason a child is absent from school.	Please
check	the reason for			's absence on	
			Child's Name		Date
CLD	Cold		CON	Other Contagious Disease – Specify	
FLU	Flu		ОТН	Illness other than Contagious Disease	
CON	Chicken Pox		OAB Other reason for absence		
2011			D	Other reason for absence	
CON	Mumps		Per voice mail	Record name if given; if not record relat	ionshin
CON	Lico		Per verbal conversation with		
CON	LICE		Per verbar conversation	Name of party & relations	hip to child
CON	Scabies				•
	Signature of Pare	ent or Guardian	 Date	Signature of School Personnel	Date
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FLU	Flu		OTH		
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CON	Chicken Pox		OAB		
				Other reason for absence	
CON	Mumps		Per voice mail	December 15 since if not accorded to	Sanah Sa
			Record name if given; if not record relationship		
CON	Lice		Per verbal conversation with  Name of party & relationship to child		
CON	Scabies			ivalle of party & relations	inp to crina
	Signature of Pare	ent or Guardian	 Date	Signature of School Personnel	Date