

Claim # _____

CONFIRMATION OF ABSENCE FROM SCHOOL

We would appreciate if you would complete this form to confirm the absence from school of the student listed below:

STUDENT ABSENCE

Student Name: _____

Student Address: _____

NATURE OF THE ABSENCE

TOTAL ABSENCE FROM SCHOOL: YES NO

If yes, please indicate the duration of absence: From _____ to _____

Absence has been only from physical activities: YES NO

REASON

Please provide the reason given by the student for the absence:

Authorized Signature

Date

School Stamp
(with full name, address and telephone number)

We thank you for your cooperation.