

**CEDAR DRIVE MIDDLE SCHOOL  
COLTS NECK TOWNSHIP SCHOOLS**

**STUDENT ABSENCE FORM**

Date: \_\_\_\_\_  
(Today's Date)

To: Cedar Drive Middle School School Attendance Officer

My child, \_\_\_\_\_, was absent from school on the following  
(Child's name)  
dates:

Number of Days (Please check): 1  2  3  4  5  More than 5 days: \_\_\_ days

Dates: \_\_\_\_\_ through \_\_\_\_\_

for the following reason:

\_\_\_\_\_ Illness\* \_\_\_\_\_  
(List symptoms and provide doctor's note, if applicable)

\_\_\_\_\_ Family Illness \_\_\_\_\_  
(Explain)

\_\_\_\_\_ Death in Family \_\_\_\_\_

\_\_\_\_\_ Educational Opportunity \_\_\_\_\_  
(Explain)

\_\_\_\_\_ Religious Observance \_\_\_\_\_

\_\_\_\_\_ Unavoidable Medical or Dental Appointment (provide note from doctor).

\_\_\_\_\_ Other \_\_\_\_\_  
(Explain)

\* Regulation 5200. Attendance requires that "a student's absence for a noncommunicable illness for a period of more than five school days must be accompanied by a physician's statement of the student's illness with medical clearance to return to school.

Sincerely,

Name: \_\_\_\_\_  
(Please Print)

\_\_\_\_\_  
(Signature of parent/guardian)