



DR. DAVID L. ANDERSON MIDDLE SCHOOL

ATTENDANCE REPORT

Student Name: \_\_\_\_\_ Grade \_\_\_\_\_

Date(s) of Absence: \_\_\_\_\_

Reason for absence:

- Sick
- Injury
- Family emergency
- Transportation issue
- Other

Please attach any documentation such as doctor notes, physical limitations described by doctor, etc.

**Doctor's notes may be requested for certain illnesses or injuries.**

*Prescriptions may not accompany this note, please contact the clinic at extension 106 for procedures regarding prescriptions.*

\_\_\_\_\_  
\_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_