



NATIVITY MISSION SCHOOL * 204 Forsyth Street NY 10002 * (212) 477-2472

ABSENTEE NOTE

PRINT STUDENT'S FIRST NAME AND LAST NAME

6 7 8
CIRCLE YEAR

(DATES) OF ABSENCE _____

REASON FOR ABSENCE

[For extended absences or chronic conditions, a doctor's note is required in addition to the parent's note.]

PARENT'S OR GUARDIAN'S SIGNATURE

PRESENT THIS CARD TO THE SCHOOL'S OFFICE ON THE DAY YOU RETURN.

N.B. THIS IS A LEGAL DOCUMENT. NO ONE IS TO SIGN IN THE PLACE OF THE PARENT OR GUARDIAN.
