

LYNCOURT UNION FREE SCHOOL DISTRICT

DATE: _____ **STUDENT:** _____

My child was absent from school on _____ due to:

_____ **Illness**
_____ **Other (please explain)** _____

Parent Signature: _____

PLEASE REMEMBER TO CALL THE SCHOOL AND LET US KNOW OF YOUR CHILD'S ILLNESS THE SAME DAY YOUR CHILD IS ABSENT. THANK YOU.

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