

LOYALSOCK TOWNSHIP SCHOOL DISTRICT  
1720 SYCAMORE ROAD  
MONTTOURSVILLE, PA 17754  
(570)326-6508

## Student Absentee Note

Student: \_\_\_\_\_

Grade: \_\_\_\_\_

Date(s) student was absent: \_\_\_\_\_

Reason for Absence (check off):

\_\_\_\_\_ Illness      \_\_\_\_\_ Death in family

\_\_\_\_\_ Other (please specify) \_\_\_\_\_

Parent/Guardian Signature:

\_\_\_\_\_

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(Office Use Only)

Date note received \_\_\_\_\_

Initials \_\_\_\_\_