

Bellefonte Area High School
Absentee Form

NAME OF STUDENT: _____ GRADE: _____

DATE(S) ABSENT: _____

REASON FOR ABSENCE:

ILLNESS/INJURY _____

OTHER (SPECIFY) _____

RESPONSIBLE PARTY SIGNATURE: _____

RELATIONSHIP TO STUDENT: _____

DAY TIME PHONE NUMBER: _____

*This form must be returned within three days after absence or absence is considered illegal/unexcused.

**All attendance related matters are subject to BASD policies

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