



St. Kevin Catholic School
4001 S.W. 127 Avenue – Miami, FL 33175

Date

Dear _____ ,
(Teacher's name)

My child, _____ of class _____ was
absent on _____ because of _____
dates of absence(s)

(reason)

Sincerely,

Upon the student's return to school after an absence, this form
must be completed, signed and submitted to the teacher.
Children may not be admitted to class without said note.

Parents' signature



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