

LOYALSOCK TOWNSHIP SCHOOL DISTRICT
1720 SYCAMORE ROAD
MONTOURSVILLE, 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:

(Office Use Only)

Date note received _____

Initials _____