East Brunswick High School Attendance
(Absence Letter)

Student Name____________________ Student Number______________________
(Please Print)

Date(s) of Absence________________

Reason for Absence:_______________________________________________________
(Please Print)
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Illness    Dr. Appointment  Religious
(Documentation Needed)  (Documentation Needed)  (Documentation Needed)

☐ Illness  ☐ Dr. Appointment  ☐ Religious
☐ College Visitation  ☐ Court Appearance  ☐ Driver’s Test
(Documentation Needed)  (Documentation Needed)  (Documentation Needed)

Parent/Guardian__________________________________________________________
(Please Print)

Parent/Guardian__________________________________________________________
(Signature)

Parent/Guardian__________________________________________________________
(Phone Number)

Office Use Only
Date Received________________________