

**Absence Note**  
**Pocono Mountain School District**  
**570-839-7121**

Date: \_\_\_\_\_ Student Name: \_\_\_\_\_

Date of absence(s): \_\_\_\_\_

Reason for absence: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent Signature: \_\_\_\_\_

An absence note must be presented immediately following the absence(s).  
Thank you.

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