



Freehold Township School District

"...preparing all students to be responsible citizens and life long learners."

Date: _____
(today's date)

To the School Attendance Office:

My child, _____,
(child's name)

on _____ for the following reason:

___ Illness _____

___ Family Illness _____

___ Death in the Family _____

___ Educational Opportunity _____

___ Religious Observance _____

___ Unavoidable Medical or Dental Appointment

****If student is absent more than 3 days, a doctor's note with any restrictions (if applicable), is required per student handbook.

Sincerely,

Parent/Guardian