

**St. Mary's School**  
4 Myrtle Street  
Melrose, MA 02176

**ABSENCE/TARDY SLIP**

Date: \_\_\_\_\_

Name of Student: \_\_\_\_\_

Homeroom \_\_\_\_\_

Absent/Tardy on \_\_\_\_\_  
Month Day(s) Year

**The reason for this absence/tardy is**

**Illness: Yes** \_\_\_\_\_ **No** \_\_\_\_\_

If **Yes**, please circle all that apply.

Fever (100° or higher)  
Cough  
Vomiting

Sore throat  
Runny nose  
Diarrhea

Other (please explain) \_\_\_\_\_

If **No**, please explain the reason for the absence/tardy.

\_\_\_\_\_  
\_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Telephone Number: \_\_\_\_\_  
Home Work

**This form is due on the day after an absence or on the day of the tardy. No other note is acceptable.**

Time of arrival at school: \_\_\_\_\_

Do not write in this space. For office use only. S.N. \_\_\_\_\_ Date posted \_\_\_\_\_

