

**Cooperative Educational Services
Six to Six Interdistrict Magnet School
601 Pearl Harbor St.
Bridgeport, CT 06610**

Reason for Absence Note

Within 10 days of the "incident of absence" a written note must be sent to the school office.

Name of Student: _____

Date(s) of Absence: _____

Reason for Absence: _____

Parent/Guardian Signature: _____

Date: _____

Day 1 to 9

This form is required after each "Incident of Absence". I.e., if a child is out ill for one day then a form is required for that day; if a child is out ill for three days in a row then one form is required for that three-day absence.

Days 10 and over

CT State Statute requires that every student absence due to illness occurring after the first nine days must be verified by a licensed medical professional regardless of the length of absence. Please attach a note from your licensed medical professional to this form.