

Absence Slip

WHITEHALL CENTRAL SCHOOL DISTRICT

2024-2025 School Year

Please forward to the School District Clerk after each absence

NAME: _____ Field Trips _____

Date of Absence(s) _____ Conferences _____

Illness _____ Vacation _____

Family Illness _____ Other _____

Personal _____

Death in Family (please include the name) _____

Your relationship to the deceased (please check your contract to see who is covered) _____

$\frac{1}{2}$ day _____ **Please check if absence was a half day. (Please circle AM or PM)**

Full Day _____ **(Please check if absence was a full day)**