



# SAINT EDMUND'S SCHOOL

*535 Mahon Avenue  
North Vancouver, B.C.  
V7M 2R7  
Tel: 604-988-7364 / Fax: 604-988-7350*

## ABSENTEE FORM LETTER

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

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

\_\_\_\_\_

Reason:

\_\_\_\_\_ **Illness**

\_\_\_\_\_ **Vacation**

\_\_\_\_\_ **Other (please specify)**

\_\_\_\_\_

\_\_\_\_\_

Parent's Signature \_\_\_\_\_