

**Our Lady of Mount Carmel School  
205 Wawayanda Avenue  
Middletown, New York 10940**

**Absent Note**

**STUDENT'S NAME** \_\_\_\_\_

**STUDENT'S CLASS** \_\_\_\_\_

**DATE(S) OF ABSENCE** \_\_\_\_\_

**REASON FOR ABSENCE** \_\_\_\_\_

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

**Doctor's note is attached.**    Yes \_\_\_\_\_    No \_\_\_\_\_