

**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(100.4° or higher)  
Cough  
Vomiting

Sore throat  
Runny nose  
Diarrhea

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

If **no**, please explain:

\_\_\_\_\_

\_\_\_\_\_

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: \_\_\_\_\_

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