



THE SCHOOL DISTRICT OF HAVERFORD TOWNSHIP
Chatham Park School
 400 Allston Road
 Havertown, PA 19083

Date: _____

Student's Name: _____

Parent/Guardian's Name: _____

Phone: _____

Teacher's Name: _____

Was absent on _____ because

- Student illness
- Danger to health from serious exposure
- Quarantine
- Recovery from accident
- Required court attendance
- Death in family
- Doctor/dentist appointment

Is late because: _____

Will be picked up early at _____ AM/PM by: _____

for: _____

Parent/Guardian Signature: _____

610-853-5900 exrt.1000 * fax no. 610-853-5974



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