



TEST ABSENCE FORM

Please complete the following information and return this form to the teacher immediately upon return to school. A mark of zero will be assigned if the form is not returned. The test/mark will be made up according to subject department policy. Subsequent/frequent absences on evaluation days may require a medical certificate.

STUDENT NAME: _____
TEACHER NAME: _____
COURSE: _____
DATE OF TEST: _____

To be completed by parent/guardian (*not* to be completed by the student):

I am aware that a test was missed on the above date.
Reason for absence: _____

Parent/Guardian signature: _____
DATE: _____