

Fairfield Township School
375 Gouldtown-Woodruff Rd.
Bridgeton, NJ 08302



Fairfield Township School

FTS STUDENT ABSENTEE FORM

Use this form when your child has been absent all day from school. Please return this form to the Main Office within 48 hours of return to school.

NAME: _____ GRADE: _____ HR: _____

DATE(S) ABSENT:

REASON FOR ABSENCE:

PARENT'S SIGNATURE: _____

(home phone)

(work phone)

(cell phone)

OFFICE USE ONLY

Excused or Unexcused (circle one)