



Saint Anthony's School
595 Keith Road, West Vancouver, BC tel. 922 0011 fax 922 3196

Absence Form Letter

Student Name: _____

Grade: Kam Kpm 1 2 3 4 5 6 7

please circle

Date(s) of Absence(s) _____

Reason: illness
 vacation
 other (please specify) _____

Parent's Signature: _____