

Abraham Lincoln School #22 Abraham Lincoln School #22 950 Norton Street 950 Norton Street Rochester, New York 14621 Rochester, New York 14621 Dear Mr./Ms. ____ Dear Mr./Ms. _____ Please excuse my son/daughter for his/her Please excuse my son/daughter for his/her absence from school on absence from school on (Indicate date of absence(s) on line above.) (Indicate date of absence(s) on line above.) S/he was absent due to: S/he was absent due to: (Please check one of the following) (Please check one of the following) Illness (cold, asthma, vomiting, other) ☐ Illness (cold, asthma, vomiting, other) ☐ Doctor's Appointment ☐ Doctor's Appointment ☐ Dental Appointment ☐ Dental Appointment ☐ Eye Appointment ☐ Eye Appointment Orthodontic Appointment ☐ Orthodontic Appointment ☐ Missed bus/No transportation ☐ Missed bus/No transportation ☐ Other: _____ ☐ Other: _____ Signature: Signature: Abraham Lincoln School #22 Abraham Lincoln School #22 950 Norton Street 950 Norton Street Rochester, New York 14621 Rochester, New York 14621 Dear Mr./Ms. Dear Mr./Ms. Please excuse my son/daughter for his/her Please excuse my son/daughter for his/her absence from school on absence from school on (Indicate date of absence(s) on line above.) (Indicate date of absence(s) on line above.) S/he was absent due to: S/he was absent due to: (Please check one of the following) (Please check one of the following) ☐ Illness (cold, asthma, vomiting, other) ☐ Illness (cold, asthma, vomiting, other) ☐ Doctor's Appointment ☐ Doctor's Appointment ☐ Dental Appointment ☐ Dental Appointment ☐ Eye Appointment ☐ Eye Appointment ☐ Orthodontic Appointment ☐ Orthodontic Appointment ☐ Missed bus/No transportation ☐ Missed bus/No transportation □ Other: _____ □ Other: _____ Signature: ____ Signature: ____