



# 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 Mathematics 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: _____  |