

## **School Absenteeism Reporting Form**

| Name of School:  School Board: O Simcoe Public (SCDSB) O Muskoka Public (TLDSB) O Catholic (SMCDSB) O Mactier PS (Near North Board)  City:  Telephone Number:  Name of Caller:  Principal:  Number Absent:  Number Absent Due to Illness (if known):  Notes:  | Date:  | Completed By:  |  |
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| School Board: O Simcoe Public (SCDSB) O Muskoka Public (TLDSB) O Catholic (SMCDSB) O Mactier PS (Near North Board)  City: Telephone Number:  Name of Caller: Principal:  Pate Absences Occurred:  Number Absent: Number Enrolled: Percent Absent:  Number Absent Due to Illness (if known):  Notes: | Name of School:  |  |  |
| Name of Caller: Principal:  Date Absences Occurred: Number Enrolled: Percent Absent:  Number Absent Due to Illness (if known):  Notes:  | O Simcoe Public (SCDSB) O Muskoka Public (TLDSB) O Catholic (SMCDSB) | O French Public (CSDCSO) O Private/Other (please specify): |  |
| Date Absences Occurred:   | City:  | Telephone Number:  |  |
| Number Absent: Number Enrolled: Percent Absent:  Number Absent Due to Illness (if known):  Notes:   | Name of Caller:  | Principal:   |  |
| Number Absent Due to Illness (if known):  Notes:  | Date Absences Occurred:  |  |  |
| Notes:  | Number Absent: Number Enrolled: Percent Absent:                      |  |  |
|   | Number Absent Due to Illness (if known):                             |  |  |
|   | Notes:   |  |  |
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Please fax completed form to the Simcoe Muskoka District Health Unit: (705) 733-7738