

Absence Excuse



Please complete this form, attach any other documentation as needed, and return to the front office within two days of your child's return to school.

Return form as soon as possible for absences known in advance.

Student's Name: _____	Class: _____	Age: _____
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Date(s) of Absence(s): _____

Reason (check all that apply):

Medical/Dental Appointment

Student Illness or Student Injury

Quarantine

Medically/Physically Fragile

Absent 5 or more days

Death in the Family

Educational Opportunity

Religious Observance

Court/Admin. Procedure

Brief Explanation (as needed):

Type to enter text

Parent Signature: _____

Date: _____

OFFICE USE ONLY (5 or more days)

Excused _____
(number of days)

Unexcused _____
(number of days)

Data/HR Manager (or designee's) Signature: _____

Date: _____