
ABSENCE EXCUSE FORM

STUDENT'S NAME _____ Class _____

DATE OF ABSENCE/S _____

REASON (check one):

- | | |
|---|--|
| <input type="checkbox"/> Medical / Dental Appointment | <input type="checkbox"/> Death in the Family |
| <input type="checkbox"/> Illness or Injury | <input type="checkbox"/> Educational Opportunity |
| <input type="checkbox"/> Quarantine | <input type="checkbox"/> Religious Observance |
| <input type="checkbox"/> Medically/Physically Fragile | <input type="checkbox"/> Court/Admin. Procedure |

EXPLANATION (as needed):

PARENT'S SIGNATURE _____ DATE _____

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.

STERLING MONTESSORI Academy and Charter School

202 Treybrooke Dr., Morrisville, NC 27560/919.462.8889 fax: 919.462.8890
