ABSENCE EXCUSE FORM

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_____

DATE OF ABSENCE/S__________________________________________

Reason (check all that apply):

☐ Medical / Dental Appointment
☐ Illness or Injury
☐ Quarantine
☐ Medically/Physically Fragile
☐ Death in the Family
☐ Educational Opportunity
☐ Religious Observance
☐ Court/Admin. Procedure
☐ Absent 5 or more days

Brief Explanation (as needed):

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Parent Signature_________________________________________ Date____________

OFFICE USE ONLY (5 or more days)

☐ Excused_________________________________________ ☐ Unexcused_________________________________________
(Number of days) (Number of days)

_____________________________ ____________________
Data Manager Signature Date