

DATE: _____

EXCUSED ABSENCE

STUDENT NAME: _____

PARENT GUARDIAN: _____

DATE(S) OF ABSENCE(S): _____

(PLEASE SELECT THE REASON FOR THE ABSENCE AND ATTACH ANY RELEVANT INFORMATION.)

- ☐ Illness and/or medical care
(Parent or guardian must provide a note for up to three consecutive days out of school.
After three consecutive days of illness, a medical note must be provided)
- ☐ Death in the family
- ☐ Legal reasons
- ☐ Religious holidays
- ☐ School-sponsored field trips and approved school activities
- ☐ Pre-arranged absences
- ☐ Other insurmountable circumstances pending administrative approval (i.e.: power outage, flooding, etc.)

NOTES:

X _____

PARENT/GUARDIAN SIGNATURE