



ELIZABETH COBB MIDDLE SCHOOL

915 Hillcrest Street, Tallahassee, Florida 32308

Excellence
Character
Purpose

(Due at least one week before the absence is to occur)

To: Cynthia Prescott, Attendance Cobb Middle School

From: Parent/Guardian _____

RE: Request to have absence(s) excused

Please excuse my son/daughter _____ Grade _____

On the following date(s) _____

Reason for absence(s); (attach documentation as appropriate): _____

Educational benefit of absences(s): _____

_____ (I am aware that Florida law requires all children from six (6) years to sixteen (16) years of age to attend school regularly during the entire school term. Without regular and consistent attendance, the student misses vital instruction in regard to subject matter introduction, concept formation and sequential learning which can cause many students to fall behind in their understanding and comprehension. This, in turn, can cause their grades to be lower and lessens the prospect of school being a positive place.)

Parent/Guardian signature: _____

Home or cell phone number: _____ Work phone number: _____

Date: _____

Request Approved- absence will be recorded as excused: _____

Request Denied-absence will be recorded as unexcused: _____

(You will be notified if the absence will be unexcused)

Administrator signature: _____ Date: _____

****Please return this form to Mrs. Prescott in the Attendance Office****

The Leon County School District does not discriminate against any person on the basis of sex (including transgender status, gender nonconforming, and gender identity), marital status, sexual orientation, race, religion, ethnicity, national origin, age, color, pregnancy, disability, military status, or genetic information.

