

FAIRVIEW MIDDLE SCHOOL



Request to Excuse an Absence

Student Name:	Grade:
Date of Absence(s):	Period(s) missed:
 Illness and/or medical care Death in the family Legal reasons Religious Holidays/Observa Other special circumstance administrator) 	nces (use Religious Observance form) or insurmountable conditions (approved by an
Reason for absence (attach documen	tation if necessary):
Parent/Guardian signature:	Date:
	Work phone number:
** This form must be returned to the	e Attendance Office within 10 days of the absence **
Absence Excused	Absence Unexcused
Administrator signature:	
Date:	