



Absence Excuse Form

This form must be completed to be considered for review.

TODAY'S DATE: _____

Student Name: _____ Grade _____

Date(s) to Excuse: _____ Periods to Excuse: _____

Excuse Reason – Check one ()

Explanation:

- Illness and/or medical care
- Death in the family
- Legal reason
- Financial conditions
- Religious Holidays/Observance(s)

Parent Name: _____ Parent Contact Phone # _____

Parent Signature: _____ Student Signature: _____

**ALL information must be correct to be considered for review.*

For Office Used Only:

Received by:	Date Received;	Verified?



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