

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 _____
(Number of days)

Unexcused _____
(Number of days)

Data Manager Signature

Date