



**SLCSE Absence Excusal Form** (please submit to the main office within 10 days of the date of absence)

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Absence: \_\_\_\_\_

Period(s) Missed (please circle): 1 2 3 4 5 6 7 8 ALL

Reason for Absence: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name Printed: \_\_\_\_\_

Parent/Guardian Phone Number: \_\_\_\_\_

Parent/Guardian Email Address: \_\_\_\_\_

**OFFICE USE:** Excused \_\_\_\_\_ Unexcused \_\_\_\_\_ Staff Initial: \_\_\_\_\_

1400 W. GOODWIN AVE.  
SALT LAKE CITY, UT 84116  
  
(801) 578-8226  
  
WWW.SLCSE.ORG



**SLCSE Absence Excusal Form** (please submit to the main office within 10 days of the date of absence)

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Absence: \_\_\_\_\_

Period(s) Missed (please circle): 1 2 3 4 5 6 7 8 ALL

Reason for Absence: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name Printed: \_\_\_\_\_

Parent/Guardian Phone Number: \_\_\_\_\_

Parent/Guardian Email Address: \_\_\_\_\_

**OFFICE USE:** Excused \_\_\_\_\_ Unexcused \_\_\_\_\_ Staff Initial: \_\_\_\_\_

1400 W. GOODWIN AVE.  
SALT LAKE CITY, UT 84116  
  
(801) 578-8226  
  
WWW.SLCSE.ORG



## Formulario de SLCSE de Justificación de Ausencias

(por favor entregar a la oficina dentro de 10 días de la fecha de ausencia)

Nombre del Estudiante: \_\_\_\_\_ Grado: \_\_\_\_\_

Fecha de la Ausencia: \_\_\_\_\_

Periodo(s) a los cuales faltó (por favor circule): 1 2 3 4 5 6 7 8 TODOS

Razón por la ausencia: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Firma del Padre/Guardian: \_\_\_\_\_ Fecha: \_\_\_\_\_

Nombre del Padre/Guardian (letra de molde): \_\_\_\_\_

Numero de Telefono del Padre/Guardian: \_\_\_\_\_

Correo Electronico del Padre/Guardian: \_\_\_\_\_

**OFFICE USE:** Excused \_\_\_\_\_ Unexcused \_\_\_\_\_ Staff Initial: \_\_\_\_\_

1400 W. GOODWIN AVE.  
SALT LAKE CITY, UT 84116

(801) 578-8226

WWW.SLCSE.ORG



## Formulario de SLCSE de Justificación de Ausencias

(por favor entregar a la oficina dentro de 10 días de la fecha de ausencia)

Nombre del Estudiante: \_\_\_\_\_ Grado: \_\_\_\_\_

Fecha de la Ausencia: \_\_\_\_\_

Periodo(s) a los cuales faltó (por favor circule): 1 2 3 4 5 6 7 8 TODOS

Razón por la ausencia: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Firma del Padre/Guardian: \_\_\_\_\_ Fecha: \_\_\_\_\_

Nombre del Padre/Guardian (letra de molde): \_\_\_\_\_

Numero de Telefono del Padre/Guardian: \_\_\_\_\_

Correo Electronico del Padre/Guardian: \_\_\_\_\_

**OFFICE USE:** Excused \_\_\_\_\_ Unexcused \_\_\_\_\_ Staff Initial: \_\_\_\_\_

1400 W. GOODWIN AVE.  
SALT LAKE CITY, UT 84116

(801) 578-8226

WWW.SLCSE.ORG