

Clairton City School District

Date ____/____/____

Request for Excused: Absence Early Dismissal Late Arrival

Student _____

Parent/Guardian _____

My child was absent ____/____/____ to ____/____/____ due to:

- | | |
|--|---|
| <input type="checkbox"/> Illness | <input type="checkbox"/> Death in the Family |
| <input type="checkbox"/> Medical Appointment | <input type="checkbox"/> Quarantine of the Home |
| <input type="checkbox"/> Dentist Appointment | <input type="checkbox"/> Religious Holiday |
| <input type="checkbox"/> Court Appearance | <input type="checkbox"/> Impassable Roads |
| <input type="checkbox"/> Vacation | <input type="checkbox"/> Other _____ |

Please provide more information about the time away from school:

Parent/Guardian Signature _____

Phone Number(s) _____

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