

STUDENT ATTENDANCE EXCUSE



Student Name _____ Date(s) absent/tardy: _____

Date returning to school *: _____

Reason for absence/tardy (check one):

Illness/Injury/Quarantine

Other (please specify): _____

Family Emergency

Required Court Attendance

Death in Family

Healthcare Appointment

Signature of Parent/Guardian _____ Date Submitted _____

Teacher Name _____ Date Received _____ Teacher Initials _____

*Please Note: Absences for which a signed excuse is not received within 3 days of student's return will remain UNEXCUSED.

FOR SCHOOL USE ONLY:
Absence Determined to be Excused _____ Unexcused _____ By _____

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