

PACE SCHOOL – STUDENT ABSENCE EXCUSE	
Student's Name:	Room #:
Teacher's Name:	Grade:
Date of Absence(s):	<i>absence beyond 3 consecutive days require a note from the physician</i>
Reason for Absence: <i>check one or indicate reason in space provided below</i>	
<input type="checkbox"/> Sick <input type="checkbox"/> Doctor Appointment <input type="checkbox"/> Dentist Appointment <input type="checkbox"/> Legal Appointment <input type="checkbox"/> Death in Family <input type="checkbox"/> Religious Holiday <input type="checkbox"/> School District Closing <input type="checkbox"/> School Bus-Did Not Arrive	
Reason:	
Parent/Guardian Signature:	
OFFICE USE ONLY: <input type="checkbox"/> Excused <input type="checkbox"/> Unexcused Date Received: _____ Received by: _____	

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