



Crosby High School

*We, the members of the
Crosby High School
Community, are committed to
providing a safe and
welcoming environment that
promotes a creative,
innovative and intellectually
challenging learning
experience to ensure that all
students are prepared to
become college and career
ready in order to be productive
members of a diverse society.*



Home of the Bulldogs

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@CrosbyBulldogs
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Student Name:
ID #

PARENT EXCUSE FOR STUDENT ABSENCE

The following form should be completed by the student's parent or guardian for each absence. This form must be returned to the Attendance Counselor, Mr. Davis (sdavis@waterbury.k12.ct.us) within three days of the student's return to school.

Student Name:

Parent/Guardian Name:

Home Phone: Cell Phone:

Date(s) of student absence (month/day/year):

Date returned to school: Date form returned

Reason

Explanation

- ☒ Illness (doctor's note attached)
☒ Illness (no doctor's note)..... Describe Illness:

- ☐ Religious holiday..... Name of holiday: _____

- ☐ Court appearance (document attached)
☐ Court appearance (no document)..... Reason for court appearance: _____
Court address: _____

- ☐ Funeral (obituary attached)
☐ Funeral (no obituary).....Name of deceased: _____
Name of funeral home: _____
Funeral home address: _____

- ☐ Other

Signature of Parent/Guardian: Date: