

**AVELLA AREA SCHOOL DISTRICT
EXCUSE for ABSENCE
AVELLA ELEMENTARY CENTER**

Dear Parent/Guardian:

Your child _____ was absent on _____.
We have not received an excuse for this absence. Please complete and return the bottom portion of this form with your child tomorrow. If this form is not returned, the absence will be recorded as ILLEGAL. The accumulation of three illegal absences could result in a hearing citation being issued through the local magistrate. Please return this form with your child tomorrow. Thank you for your attention in this matter.

Sincerely,

Mrs. Carrie Graff
Principal

Student Name _____ Teacher _____

Date(s) of Absence _____

Reason for Absence _____

___ Doctor's Appointment

___ Dental Appointment

___ Hospitalization

___ Ill

___ School Approved Vacation

___ Funeral

Other: Please state specific reason _____

Parent/Guardian Signature _____

Date _____

**ANY DOCTOR OR DENTAL APPOINTMENT CAN ONLY BE EXCUSED WITH A NOTE
FROM THE DOCTOR'S OFFICE.**