

SANDIA HIGH SCHOOL
PARENT/STUDENT ATTENDANCE EXCUSE

DATE _____

LAST NAME _____ FIRST NAME _____

ID# _____ GRADE _____

Dates of Absence: From _____ To _____ Total # of days _____

Class periods missed: ___ 0-hour ___ 1st ___ 2nd ___ 3rd ___ 4th ___ 5th ___ 6th ___ 7th ___ After School Class

Absences may be excused with appropriate documentation for the following reasons:

- | | | |
|---|--|--|
| <input type="checkbox"/> Medical appointments | <input type="checkbox"/> Death in the family | <input type="checkbox"/> School/College visits |
| <input type="checkbox"/> Illness | <input type="checkbox"/> Family emergency | |
| <input type="checkbox"/> Religious commitment | <input type="checkbox"/> Diagnostic Testing | |

Other _____

- Students have 3 days after each absence to return the completed form to the administration office and place it in the attendance basket.

Parent Signature

Phone #

Approved by Sandia Official

Revised 01/27/10