

KENNETT CONSOLIDATED SCHOOL DISTRICT
Kennett Square, PA 19348

Excuse for Absence

Every blank must be completed for this to be a valid excuse.
Please print and use ink.

Today's Date _____

Student Name _____

Student ID _____ Grade _____

Date of Absence (s) _____

Reason for Absence _____

Parent/Guardian Signature

Absence due to illness may require a report from a physician or examination by the school nurse. This excuse must be kept on file for inspection of State Auditors. Excuses must be returned within 3 days of student absence or absence will be marked unexcused and/or illegal.

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