

PARENT ABSENCE NOTE

_____ Student Full Name _____ Student ID # _____ Grade

Please excuse my child's absence(s) on _____
Insert Date(s)

My child absence was due to: *(CCISD recognizes the following as excused absences)*

- | | |
|--|---|
| <input type="checkbox"/> Home Sick | <input type="checkbox"/> Medical Appointment* |
| <input type="checkbox"/> Family Emergency | <input type="checkbox"/> Dental Appointment* |
| <input type="checkbox"/> Death in Family | <input type="checkbox"/> Legal/Court Date* |
| <input type="checkbox"/> Extreme Bad Weather | <input type="checkbox"/> Quarantine |
| <input type="checkbox"/> Religious Holiday | |

*NOTE: *Please provide a written excuse from the provider/court on official business letterhead.*

Other *(Explain reason for absence if not identified above.)*

_____ Parent/Guardian Signature _____ Date

_____ Parent/Guardian Phone #