



# Manhasset Public Schools

## **Application for Excused Absence To be reviewed by the Attendance Review Team**

Student's name \_\_\_\_\_

Grade \_\_\_\_\_ Phone Number \_\_\_\_\_

Date(s) of Absence(s) \_\_\_\_\_

Reason for Absence(s) \_\_\_\_\_

Explain why your child should be considered for an excused absence status for non-attendance of school (Please include any supporting documentation directly related to this request).

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\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**\*\*Please submit this application and any supporting documentation to the Attendance Office two weeks prior to the absence.**