



TUCKERTON ELEMENTARY SCHOOL

STUDENT ABSENCE EXCUSE/VERIFICATION FORM

Student Name: _____ **Date:** _____

Grade: _____ **Parent/Guardian Name:** _____

Phone Number: _____

Date of Absence(s): _____ to _____

Please check one of the following:

- ☐ Illness/Injury
- ☐ Is late due to _____
- ☐ Religious observance _____
- ☐ Medical/Dental Doctor's appointment - Verification of appointment needed from doctor submitted directly to Nurses Office.
- ☐ Death in the Family (Please state relationship to student)
- ☐ Court Date (Include Documentation)
- ☐ Chronic Illness (Must have paperwork filed with the Nurses Office)
- ☐ Other (write explanation below)

I certify that the above named student was absent on the date(s) listed for the reason specified.

Parent/Guardian Signature

STUDENTS MUST PROVIDE A NOTE TO THE ATTENDANCE OFFICE WITHIN 48 HOURS UPON RETURN TO SCHOOL FROM ANY ABSENCE.