



# Sweetwater Middle School



## STUDENT ABSENCE/TARDY EXCUSE NOTE

Student Name: \_\_\_\_\_

Student ID: \_\_\_\_\_ Date of Absence/Tardy: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Phone Numbers\*: \_\_\_\_\_

**The state of Georgia will accept the following reasons for a student to be considered excused from a school absence or tardy. Please check the appropriate reason and have your student turn this form in to the attendance office the morning they return to school. Students have two (2) days after returning to school to provide an excuse note.**

- \_\_\_\_ Personal illness jeopardizes personal health or health of others
- \_\_\_\_ Doctor/Dentist/other healthcare professional (Must attach formal documentation)
- \_\_\_\_ Serious illness or death in immediate family.  
List family member and relationship to student: \_\_\_\_\_
- \_\_\_\_ Religious holiday
- \_\_\_\_ Student under orders from a government agency (Must attach formal documentation)
- \_\_\_\_ Voter registration (18 years or older) or voting
- \_\_\_\_ Tests/physical exams for military service including National Guard (Must attach formal documentation)
- \_\_\_\_ Spending time with parent(s) on active duty: combat-zoned and about to deploy overseas or between military deployments
- \_\_\_\_ Conditions rendering school attendance impossible or hazardous to student's health or safety\*\*

Parent's notes are accepted for the first ten (10) excused all-day absences per school year and six (6) check-ins per school year. Thereafter, the only excused reasons for absences or check-ins must be verified through the following formal documentation

1. Doctor or hospital note
2. Court or government mandated papers
3. Funeral brochures or programs

Student must turn in excuse notes to the attendance office within two (2) days of returning to school. Failure to do so may result in the absence or tardy being considered unexcused.

**I hereby certify the above information is accurate and all available formal documentation is attached.**

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

\*Parent phone call may be used to verify authenticity \*\* Administrator **MUST** approve