



UPPER DARBY SCHOOL DISTRICT

No. 204-AR-0.

ADMINISTRATIVE REGULATION

APPROVED: August 1, 2019

REVISED: April 29, 2024

204-AR-0. EXPLANATION OF ABSENCE LETTER AND FORM

Parents/Guardians,

It is important that your child's absence from school be excused in order to keep your child from being classified as truant. Pennsylvania Law requires that any student who is determined to be habitually truant be reported to the appropriate authorities and the responsible parties prosecuted according to law.

In order to classify a student's absence as excused, the School District will accept the following documentation that is required to be submitted within three (3) days of the student's absence.

1. If your child has up to 10 days of cumulative absence for the school year, the School District will accept a written explanation of the reason(s) for the absence from a parent or guardian.
2. If your child has more than 10 days of cumulative absence for the school year, the School District requires either:
 - a. a written excuse from a licensed physician explaining the reason(s) for the absence
 - b. completion of the Explanation of Absence Form which may be verified by UDSD

THE UPPER DARBY SCHOOL DISTRICT MAY REQUIRE ADDITIONAL INFORMATION FROM THE PARENT/GUARDIAN REGARDING THE STUDENT'S ABSENCE(S) AND/OR THE INFORMATION SUBMITTED ON THE EXPLANATION OF ABSENCE FORM.

UPPER DARBY SCHOOL DISTRICT
EXPLANATION OF ABSENCE FORM

After more than ten (10) days absence.

DATE: _____

Student's Name: _____

Parent/Guardian Name: _____

Parent/Guardian Phone Number: _____

Date(s) of Absence: _____

Reason for Student's Absence: _____

Was Doctor or Nurse Practitioner or other Medical Professional consulted? Y ___N___

Why and When? _____

If so, who was consulted? Please provide a phone number and contact info:

What was the result of the Consult? _____

Authorization & Verification

_____, parent/guardian of the above-referenced student, verifies that the information provided in this Explanation of Absence Form is true and correct to the best of his/her knowledge, information and belief. The parent/guardian makes this verification with a full understanding of 18 Pa. C.S.A. §4904, which relates to penalties for unsworn falsifications to authorities.

The parent/guardian authorizes the Upper Darby School District to verify the above information with the named Medical Professional(s).

Signature of Parent/Guardian