Splendora Independent School District
Certification of Absence Due to Severe Illness or Treatment

Purpose:
This form is to be completed and submitted when a student is absent due to a serious or life-threatening illness or treatment that makes school attendance infeasible. In accordance with state law, absences of this nature must be certified by a licensed physician.

SECTION 1: Student Information

- **Student Full Name:** _____
- **Student ID Number:** _____
- **Campus:** _____
- **Grade Level:** _____

SECTION 2: Physician Certification *(To be completed by a physician licensed to practice in Texas)*

I certify that the student listed above has a **serious or life-threatening illness or is undergoing related treatment** that makes school attendance infeasible.

- **Diagnosis/Illness (General Description):**
  _____
- **Anticipated Period of Absence:**
  From _____ to _____
  OR ☐ Ongoing treatment/condition requiring intermittent absences.
- **Physician Name (Print):** _____
- **Medical License Number:** _____

- **Physician Phone Number:** _____
- **Clinic/Hospital Name:** _____
- **Physician Signature:** _____ **Date:** _____

SECTION 3: Parent/Guardian Information and Certification

I acknowledge that I am submitting this form as documentation of my child's absence(s) due to a serious illness or related treatment. I understand that additional documentation may be required by the district.

- **Parent/Guardian Signature:** _____
- **Parent/Guardian Name:** _____
- **Phone Number:** _____
- **Email Address:** _____
- **Date:** _____

Return Instructions:
Submit the completed form to your student's campus attendance office or email it to the campus registrar and campus nurse.

Access to Form:
This form is available online at https://www.splendoraisd.org/departments/student-services