



THE SCHOOL DISTRICT OF ESCAMBIA COUNTY

Absence Verification Form

District policy states parents and guardians have three school days from the date of an absence to provide an excuse. Failure to complete this form will result in the absence, check-out, or tardy remaining unexcused.

TODAY'S DATE: ____/____/____

STUDENT'S NAME: _____ **Student ID Number:** _____

Date(s) of absence: ____/____/____ **Check in documentation is attached:** _____

Reason for absence:

Parent SIGNATURE: _____

Contact Number: _____

Each absence must be explained. Parents/guardians are responsible for providing notification within three (3) school days of the students' return to school, or the absence will result in an unexcused absence. Notification should include the student's name, the date(s) the student was absent, the reason for the absence, and a parent/guardian signature. At the elementary level, parents/guardians are responsible for providing written, signed documentation of the reason for the absence upon the student's return to school. At the secondary level, the school requires the parent/guardian to provide the signed written notice, or a medical excuse, within three (3) school days upon the student's return to school.

Students who check in or out of school for medical/dental appointments must provide documentation from the medical professional upon returning to school in order for the absence to be excused.

Please email form to Mrs. Barth, (rbarth@ecsdfl.us) or call 850.876.7304 with any questions.

West Florida High School Fax: 850.471.6019