PINELLAS COUNTY SCHOOLS

VPK EXCUSED ABSENCE FORM

CHILD'S NAME: _____

DATE(S) ABSENT: _____

REASON FOR MY CHILD'S ABSENCE: *(Check One)*

- ☐ *Illness*
- ☐ *Doctor Appointment*
- ☐ *Dentist Appointment*
- ☐ *Infectious Disease*
- ☐ *Funeral Service*
- ☐ *Compliance with Court Order*
- ☐ *Special Education Related Services*
- ☐ *Observation of a Religious Holiday/Service*
- ☐ *Vacation Day (Limit of 5 for the year)*

ADDITIONAL PARENT COMMENTS: *(This section is not required to be completed.)*

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PLEASE NOTE: Absences beyond 5 per month must be documented by a third party such as a doctor, physician, religious leader, military superior, hospital discharge paperwork, etc. <u>Please attach the documentation.</u>

_____ _____

Signature of Parent/Guardian *Date Signed*