Meridian Public School District
1019 25th Avenue
Meridian, MS 39301
Dr. Amy Carter, Superintendent

PARENT NOTE - ABSENCE EXCUSE

_____
Today's Date

_____ in _____
Child's Full Name (no nicknames) Homeroom Teacher's Name

Class was unable to attend school on _____ due to:
Date(s)

◇ **Illness** _____
Specify Type

◇ **Other** _____
Details Required

_____

Cell #_____ **Daytime #** _____

Signature (Parent/Guardian) _____

Note:
If circumstances allow, parent/guardian should apprise the school in advance of the absence. **Three (3) parent notes (Per Semester)** will be considered for excused absences. **Any parent notes beyond three (3) will require additional documentation (Doctor's note) or approval from administration. Upon his/her return to school, a written excuse, signed by the parent or legal guardian must be presented. (Within 2 days of returning to school)**