PARENT NOTE EXCUSE FORM

Student’s Legal Name_______________________________________________________________ Grade Level ______

Date(s) of Absence(s):_________________________________________________________________________________

Please excuse ______________________________________ for being absent on the day(s) listed above.

(Student’s Full Name)

Please check the absence reason that applies.

______Illness or injury (Please submit doctor’s excuse/note if available.)
______Death or serious illness of immediate family member
______Court appearance
______Other reason

Explanation________________________________________________________________________________________
__________________________________________________________________________________________________

This excuse must be received within 2 days of your child’s absence. If an excuse is not received in the time required, the absence will be considered unexcused.

Parent or Guardian Signature_________________________________________________________________________

Date:_____________________________________________________________________________________________

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