Excused Parent Note
Johnson Elementary School

__________________
Today’s Date

Dear ______________________________

Teacher’s Name

Please excuse my child ____________________________

From school on ____________________________

Date(s) of Absence(s)

For

___ 1. Illness of student (Limit of 5 days per semester with parent note.)
___ 2. Medical or dental appointment (Documentation from doctor’s office required.)
___ 3. Death of immediate family (Immediate family includes, husband, wife, father, mother, son, daughter, brother, sister, father-in law, mother-in law, brother-in law, sister-in law, nephew, niece, grandfather, grandmother, uncle and aunt)
___ 4. Quarantine by order of the Limestone County Health Department.
   (Attach Documentation)
___ 5. Religious holidays (Prior written approval by Principal required.)
___ 6. Court summons. (Attach Documentation)
___ 7. Principal merit absence with prior approval
___ 8. Absences which have educational value. (Prior written approval by Principal required.
   Attach Principal Approval Letter.)

Also, please send home all make-up work with my child, so he/she will be prepared upon his/her return to school.

Thank you,

____________________________________
Parent/Guardian Signature