

# Frazier Elementary School Student Excuse



Student Name \_\_\_\_\_

Date(s) of Absence \_\_\_\_\_

Reason: \_\_\_\_\_ Illness \_\_\_\_\_ Medical Appt. (must provide Medical Excuse)  
\_\_\_\_\_ Funeral \_\_\_\_\_ Legal Appt. (must provide Legal Excuse)  
(Fax # 724-736-2095)

If other please explain:

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Parent/Guardian Signature: \_\_\_\_\_