PARENT NOTE EXCUSE FORM

Student’s Legal Name____________________________________________________

Date of Absence(s):_____________________________________________________

School:_______________________________________________________________

Homeroom Teacher:_____________________________________________________

Please excuse ______________________________________ ___________________
(Student’s Full Name) for being absent on the days listed above.

Please check the absence reason that applies.

_____Illness or injury.

_____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. If you have any questions, please contact the Attendance Clerk, at the school.

Parent Signature_____________________________________________

Date:______________________________________________________

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Parent Signature_____________________________________________

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