**NORTHSIDE ELEMENARY SCHOOL**

**400 NORTH CONGRESS BLVD.**

**SMITHVILLE, TN. 37166**

**(615) 597-1575**

**(615) 597-1585-FAX**

**STUDENT EXUSE FORM**

**EXCUSE FOR STUDENT ABSENCE/OR EARLY DISMISSAL**

The four (4) conditions under which a child’s absences form school shall be excused are:

( ) 1. Student’s personal illness. (a physician’s statement may be required.)

( ) 2. Death in family.

( ) 3. Special recognized religious holidays regularly observed by persons of the students faith.

( ) 4. Extenuating circumstance. **(Upon the** **written request of the parent or guardian-in the**

**discretion of the principal and when necessary to be approved by the attendance**

**review board.)**

( ) 5. Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STUDENT ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**STUDENT NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GRADE:\_\_\_\_\_\_\_\_\_\_**

**HOMEROOM TEACHER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE OF ABSENCE:\_\_\_\_\_\_\_\_\_**

I certify that my child was absent from school on the above date for the reason checked:

Parent’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

Any forgery or misrepresentation of information to attendance will result in a 10-day suspension from regular classes. **This form must be returned to the school within a period of three (3) days after student returns to school.**  A second violation of forgery or misrepresentation on this form will result in request of expulsion by the principal.

For

Official **Excused ( )**

Use **Unexcused ( )**

Only

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal’s Signature Teacher’s Signature