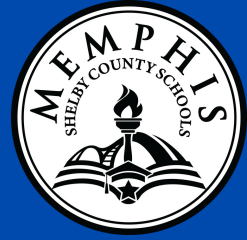


ABSENCE EXCUSE FORM



Today's Date :

Child's Full Name :

Grade : Teacher :

Was unable to attend school on : due to:
DATE(S) OF ABSENCE

☐ Illness or Injury :
SPECIFY TYPE

☐ Religious observance :
DETAILS REQUIRED

☐ Death in family :
SPECIFY RELATION

Appointment ☐ Medical ☐ Dental ☐ Therapy

please schedule outside of school hours unless necessary

☐ Other :
DETAILS REQUIRED

Parent/Guardian :
SIGNATURE **CELL**

THANK YOU FOR YOUR TIME