

# Excused Parent Note

## Cedar Hill Elementary School

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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 10 days per year accepted without doctor's excuse.)
- 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,

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Parent/Guardian Signature