



Central Gwinnett High School Student Absence Excuse Note



Student's Name (Last Name, First Name): _____

Student Number: _____

Parent/Guardian's Name (Last Name, First Name): _____

Parent/Guardian Phone Number #1: _____

Parent/Guardian Phone Number #2: _____

Dates of Absences (MM/DD/YY): _____

The state of Georgia accepted reasons for a student to be considered excused from a school absence or tardy. Please check one of the below and have the student turn this form in to the attendance office the morning they return to school.

_____ Personal illness jeopardizes personal health or health of others

_____ Doctor/Dentist/Other Healthcare Professional

_____ Serious illness or death in immediate family.

List family member and relationship to student. _____

_____ Student under orders from a government agency. Documentation must be attached.

_____ Voter Registration (18 years or older) or voting.

_____ Conditions rendering school attendance impossible or hazardous to student's health or safety.

_____ Tests and physical exams for military service including National Guard. Documentation must be attached.

_____ A student misses school days to spend time with active duty combat-zoned parent(s) who are about to leave for overseas deployment or who are between military deployments.

Whenever possible, attach a copy of the formal documentation such as a doctor's note.

_____ Unexcused absence with reason _____

Parent's notes will be accepted for up to ten (10) excused absences per school year.

Thereafter, the only excused reasons for absences or check-ins must be verified through formal documentation.

1. Doctor or hospital note

2. Court or government mandated papers

3. Funeral brochures or programs

Excused documentation should be submitted to the attendance office within two (2) days of return to school. Failure to do so may result in the absence or tardy being considered unexcused.

I hereby certify that the above information is accurate and have attached all available formal documentation.

Parent/Guardian's Signature: _____ Date: _____

* A phone call to a parent may take place to verify authenticity.

Office Use Only

Form Received By: _____

Date Received: _____