

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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