

Today's Date: _____

**GREENVILLE AREA SCHOOL DISTRICT
REPORT OF ABSENCE FORM**

Student's Name: _____

Student's Grade: _____ Absence Date(s): _____

(Please check appropriate box)

Tardy **Absent** **Early Dismissal**

(Please check reason for absence) Time: _____

- Illness
- Death in immediate family
- Impassable roads
- Religious service or event
- Medical appointment or testing
- Absence pre-approved by principal
- College visitation-not to exceed 3 per year
Applies to Juniors & Seniors Only
Additional form required-available in office
- Absence due to pre-approved educational travel
Additional form required-available in office
- Other

Please explain on reverse side

Signature: _____

Relationship to student: _____

Daytime Phone #: _____ Cell Phone #: _____

Please write additional information on reverse side

For any questions regarding a student's attendance or the GASD attendance policies, please call the Attendance Office at (724) 588-2500

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