



UNION COUNTY
SCHOOL DISTRICT

Building The Future One Child At A Time.

PARENT NOTE EXCUSE FORM

Student's Legal
Name _____

Date of
Absence(s): _____

Homeroom
Teacher: _____ Grade: _____

Please excuse _____ (Child'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 3 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 secretary, at the school.

Phone Number: _____

Parent Signature: _____

Date: _____