



EXCUSE FOR SCHOOL ABSENCE

Student Name: _____ Date of Absence(s): _____

Please check one of the following:

- | | |
|--|--|
| <input type="radio"/> Sickness/Injury | <input type="radio"/> Doctor/Dentist's appointment |
| <input type="radio"/> Death or illness in the family | <input type="radio"/> Other (please explain) _____ |
| <input type="radio"/> Religious observance | _____ |

I certify that the above named student was absent on the date(s) listed for the reason specified.

Parent/Guardian Signature: _____ Phone Number: _____



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