



Student Absence Excuse Form

Student's Name: _____ **Grade:** _____

Date of Absence(s): _____

Reason (check one):

- _____ **Illness or injury**
- _____ **Medical/Dental appointment**
- _____ **Educational opportunity**
- _____ **Religious observance**
- _____ **Other**

Explanation (as needed):

Parents
Signature _____ **Date** _____

Please fill out, attach any other documentation as needed, and return to the front office within three days of your child's return to school.