

Student's Name:

Absence Excuse Note

Return this note completed with a valid reason for absence and parent/guardian signature. The note should accompany the student upon return to school.

Please provide Dr.'s notes if available.

All absences beyond 3 consecutive days require a note from a medical professional.

Planned absences/vacations must be preapproved by principal.

Teacher's Name:	
Date of Absence:	
Reason:	
Sign Here:	
_	Parent/Guardian Signature
For Attendance Office:	
Date Rec'd Revi	ewed by Excused/Unexcused
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