



EXCUSE FOR SCHOOL ABSENCE

Student Name: _____

Date of Absence(s): _____ to _____

Please check one of the following:

- | | |
|---|--|
| <input type="checkbox"/> Illness/Injury | <input type="checkbox"/> Doctor's appointment— Verification of appointment needed from doctor |
| <input type="checkbox"/> Death or illness in the family | <input type="checkbox"/> Impassable roads due to inclement weather |
| <input type="checkbox"/> Religious observance | <input type="checkbox"/> Approved college visits |
| <input type="checkbox"/> Required presence in court | <input type="checkbox"/> Other (please explain) _____ |
| <input type="checkbox"/> Approved cooperative work programs | _____ |

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

Parent/Guardian Signature



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