



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.

Student's Name: _____
Teacher's Name: _____
Date of Absence: _____
Reason: _____

Sign Here: _____
Parent/Guardian Signature

For Attendance Office:
 Date Rec'd _____ Reviewed by _____ Excused/Unexcused



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