

PARENT NOTE EXCUSE FORM

Student's Legal Name _____ Grade Level _____

Date(s) of Absence(s): _____

Please excuse _____ for being absent on the day(s) listed above.
(Student's Full Name)

Please check the absence reason that applies.

_____ Illness or injury (Please submit doctor's excuse/note if available.)

_____ Death or serious illness of immediate family member

_____ Court appearance

_____ Other reason

Explanation _____

This excuse must be received within 2 days of your child's absence. If an excuse is not received in the time required, the absence will be considered unexcused.

Parent or Guardian Signature _____

Date: _____

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