



PARENT NOTE EXCUSE FORM

Student's Legal Name _____ Date of Absence(s): _____

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

Please check the absence reason that applies.

1. _____ Illness or injury.
2. _____ Death or serious illness of immediate family member.
3. _____ Personal Business

This excuse must be received within 3 days of your child's absence. If an excuse is not received in the time required, the absence will be considered unexcused. If you have any questions, please contact the Attendance Clerks, Maria Viemas Andrade or Beatrix Wagner

Parent Signature _____ Date: _____