



GRADE (CIRCLE ONE) (6) (7) (8)

FIRST PERIOD TEACHER \_\_\_\_\_

Student Name: \_\_\_\_\_  
LAST FIRST

Date of Absence: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Listed below is the documentation indicating that one of the following has occurred and the absence is requested to be excused. (Check one below)

- Medical Treatment by a licensed physician       Observation of religious holiday  
 Law enforcement order or court subpoena requiring the student's attendance       Death of a family member  
 Traffic accident directly involving the student       Natural disaster  
 Other \_\_\_\_\_

**YOU MUST PROVIDE DOCUMENTATION REGARDING THE ABSENCE SUCH AS A DOCTOR'S NOTE, COURT APPOINTMENT DOCUMENT OR OTHER APPROPRIATE WRITTEN DOCUMENTATION FOR THE ABSENCE.**

Parent/Guardian Signature: \_\_\_\_\_

Contact Number: \_\_\_\_\_

**\*\*Submit this form to Mrs. Maureen Michaels in the clinic or the front office**



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