

**DISTRICT FIVE  
STUDENT ABSENCE EXCUSE**



Name \_\_\_\_\_ Homeroom Teacher \_\_\_\_\_

Date(s) of Absence(s) \_\_\_\_\_

\* Reason for Absence(s) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

Date Received by Teacher \_\_\_\_\_

\_\_\_\_ Excused      \_\_\_\_ Unexcused      \_\_\_\_\_

**Attendance Clerk Signature**

**Attach medical excuse when appropriate**

\* This absence may or may not be excused according to District Five School Board Policy.

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