

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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