

**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

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