

**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.