



Excused Absence Request Form

Date: _____

Dear: _____,
(teachers name)

Please excuse my child, _____ from being absent from
school on the following date(s): _____.

The reason for his/her absence is:

- Illness
- Medical Appointment
- Death in the immediate family

Parent/Guardian:

Name: _____
(please print)

Signature: _____.

Notes: This form must be hand delivered to the teacher by the parent/guardian within 2 days of the last date of absence or 2 days before a medical appointment. Failure to submit this form on time will result in an unexcused absence for the student.