

EXCUSED ABSENCE FORM

Student Name: _____

Date of Absence ____/____/____ (☐ Mon. ☐ Tue. ☐ Wed. ☐ Thur. ☐ Fri. ☐ Sat.)

Indicate below the valid cause for the student's absence(s):

- ☐ Student Illness (attach medical documentation)
- ☐ Death in the immediate family (attach documentation)
- ☐ Family emergency, Explain: _____
- ☐ Circumstances which cause reasonable concern to you for your child's safety or health,

Explain: _____

- ☐ Other situations beyond the control of the student.

Explain: _____

For an excused absence, the student must submit **documented proof (i.e. court doc, doctor's note, death certificate, birth certificate, etc.).*

****Excusable reasons** include medical emergency, surgery, family emergency, military service, jury duty, court hearing, funeral, accident, etc.*

****Medical appointment will not be considered as an excusable reason.***

Student Signature: _____ Date _____

For Office Use Only

- ☐ Approved

Dates approved: from _____ to _____

- ☐ Denied

Reason request was denied: _____

Faculty Signature: _____ Date: _____