



Notice of Absence Excuse Form

Date: _____

Student Name: _____ **Grade:** _____

Type of Absence: _____ **Illness or Health Reason** _____ **Vacation**

_____ **Bereavement** _____ **Other**

Date/s of Absence: _____

Parent/Guardian Signature: _____

This form must accompany all students when they return to school from an absence. If the student has absent for 3 consecutive days, a note from the Doctor must also be included.



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