ABSENCE FORM

STUDENT'S NAME: ________________________________

STUDENT'S ID#: ________________________________

DATE(S) of Absence or Tardy: _______________________

PERIOD(S) of Absence or Tardy: 1  2  3  4  5  6  All Day

REASON FOR ABSENCE (please check appropriate box):

☐ Illness
☐ Appointment
☐ Emergency (unavoidable true emergency)
☐ Religious Observance
☐ Funeral
☐ Other (Must explain) _______________________________

PARENT PHONE NUMBER:

___________________________________________________

PARENT/GUARDIAN NAME: (PRINT)

___________________________________________________

PARENT/GUARDIAN SIGNATURE:

___________________________________________________

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