

EHS EXCUSED ABSENCE FORM

STUDENT'S NAME: _____

STUDENT'S ID: _____

DATE(S) OF ABSENCE _____

PERIOD(S) OF ABSENCE: _____

REASON FOR ABSENCE (please check appropriate box):

- Medical/Dental Appointment
- Illness/Health Related
- Religious Observance
- Family Emergency (Death/Hospitalization)
- Judicial Proceedings or serving on jury

PHONE # WHERE NOTE CAN BE VERIFIED:

PARENT/GUARDIAN NAME: (PRINT)

PARENT/GUARDIAN SIGNATURE:

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