## EHS EXCUSED ABSENCE FORM

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	STUDENT'S NAME:
STUDENT'S ID:	STUDENT'S ID:
DATE(S) OF ABSENCE	DATE(S) OF ABSENCE
PERIOD(S) OF ABSENCE:	PERIOD(S) OF ABSENCE:
REASON FOR ABSENCE (please check appropriate box):	REASON FOR ABSENCE (please check appropriate box):
☐ Medical/Dental Appointment	☐ Medical/Dental Appointment
☐ Illness/Health Related	☐ Illness/Health Related
☐ Religious Observance	□ Religious Observance
☐ Family Emergency (Death/Hospitalization)	☐ Family Emergency (Death/Hospitalization)
☐ Judicial Proceedings or serving on jury	☐ Judicial Proceedings or serving on jury
PHONE # WHERE NOTE CAN BE VERIFIED:	PHONE # WHERE NOTE CAN BE VERIFIED:
PARENT/GUARDIAN NAME: (PRINT)	PARENT/GUARDIAN NAME: (PRINT)
PARENT/GUARDIAN SIGNATURE:	PARENT/GUARDIAN SIGNATURE:
EHS EXCUSED ABSENCE FORM	KHC KALILEKII VKERKI IK BIJDA
STUDENT'S NAME:	EHS EXCUSED ABSENCE FORM STUDENT'S NAME:
	STUDENT'S NAME:
STUDENT'S ID:	STUDENT'S NAME:STUDENT'S ID:
	STUDENT'S NAME:  STUDENT'S ID:  DATE(S) OF ABSENCE
STUDENT'S ID:  DATE(S) OF ABSENCE  PERIOD(S) OF ABSENCE:	STUDENT'S NAME:  STUDENT'S ID:  DATE(S) OF ABSENCE  PERIOD(S) OF ABSENCE:
STUDENT'S ID:  DATE(S) OF ABSENCE  PERIOD(S) OF ABSENCE:  REASON FOR ABSENCE (please check appropriate box):  □ Medical/Dental Appointment □ Illness/Health Related	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
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	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
STUDENT'S ID:	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)
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	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
STUDENT'S ID:	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)
STUDENT'S ID:	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