

Absentee Form

Student Information

Name
Grade
Section

Absence Dates

Absence Start Date
Absence End Date
Total Days Absent

Absence Reason

Sick
Medical Appointment *
Family Emergency
Other (Please explain)

Guardian Information

Name
Email
Phone Number

Comment

Guardian Signature

**Medical Appointments require a doctor's note to be submitted in addition to this form. All excuses should be presented within three (3) school days or they will be recorded as an "Unexcused Absence."*