Please excuse my child, _______________________________ (PRINT NAME OF STUDENT).

He/she missed school on _______________________________ (DATE(S) OF ABSENCE) due to the reason checked below:

Please select the reason why your child missed school (required):

☐ Student illness/sickness (for 3 or more consecutive absences, doctor’s note is required)

☐ Medical/dental appointment (please provide note from the medical provider)

☐ Student judicial proceeding (please provide document from court verifying presence)

☐ Religious holiday

☐ Death in the family

☐ Other (If you selected “other”, please provide details. Please understand that under PA law, only certain absences may be accepted as excused absences.)

____________________________________________________________________________________

________________________________________

_____________________________________________

Parent Name (PRINT) _________________________________

Parent Signature (SIGNATURE) _________________________

Parent Phone Number __________________________

Today’s Date**: ________________________________

**Note to Parents/Guardians: Please be aware that PA Law states that excuse notes written by parents must be turned into school staff within three days following a student’s return from an absence for the absence to be excused.”