

| Please excuse my child,   | (PRINT NAME OF STUDENT).           |
|---|------------------------------------|
| He/she missed school onthe reason checked below:  | (DATE(S) OF ABSENCE) due to        |
| Please select the reason why your child missed school (require  | ed):                               |
| □ Student illness/sickness (for 3 or more consecutive absences, doctor's note is required)                              |                                    |
| ☐ Medical/dental appointment (please provide note from the r  | medical provider)                  |
| $\hfill \square$ Student judicial proceeding (please provide document from c  | ourt verifying presence)           |
| □ Religious holiday   |                                    |
| □ Death in the family   |                                    |
| □ Other (If you selected "other", please provide details. Please certain absences may be accepted as excused absences.) | understand that under PA law, only |
|   |                                    |
| 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.\*\*\*