



**DISTRICT FIVE
STUDENT ABSENCE EXCUSE**

Full Name: _____ Homeroom Teacher: _____

Date(s) of Absence(s) _____

Reason for Absence(s) _____

Home Phone _____ Work/Daytime Phone _____

Parent Signature _____ Date _____

FOR OFFICE USE ONLY

Date Received by Teacher _____

____ Excused ____ Unexcused _____

Attendance Clerk Signature

Attach medical excuse when appropriate.