

ABSENCE EXCUSE

Name _____

Teacher _____

Date _____

Reason for Absence

_____ Personal illness (Please specify illness on back)

_____ Death in immediate family

_____ Religious Holiday

_____ Assisting parents in emergency

_____ Farm work

_____ Pre-approved Vacation, etc. (Explain on back)

_____ Other – Describe on back

PLEASE NOTE: School Policy states that after twelve (12) days of absence in a school year, only a doctor’s excuse will be acceptable for an absence.

PARENT SIGNATURE

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PARENT SIGNATURE

EARLY/END OF DAY PICKUP

Name _____

Teacher _____

Date _____

Reason for Pickup: _____

Time of Pickup: _____

Pickup up By: _____

Relationship to Student: _____

PARENT SIGNATURE

EARLY/END OF DAY PICKUP

Name _____

Teacher _____

Date _____

Reason for Pickup: _____

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PARENT SIGNATURE