



CROSSROADS FLEX

Absence Report

Student Name: _____ Grade 9 10 11 12

Date (s) of Absence: _____

Check one of the following reasons which are acceptable for excused absences per Board Policy 6000.0:

____ Illness or injury

____ Death in the family

____ Medical/Dental Appointment*

Doctor's Name: _____

Appointment Time: _____

____ Court* (Presence required by subpoena)

____ Religious Observance *

____ Educational Opportunity * (Prior approval as documented on the "Request for Excused Absence For Educational Reasons" form required.)

____ Other (Specify)* : _____

*May require prior administrative approval

Parent Signature: _____ Date: _____

Phone: _____ (Number where parent may be reached during the school day)