Absence Report

Student’s 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 4400:

___ 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)