

Absence Excuse Note Form

Dear Attendance Counselor,

Please excuse my child, _____ (PRINT NAME OF STUDENT).

He/she missed school on _____ (DATE(S) OF ABSENCE) due to the reason checked below*:

**Please select the reason why your child missed school (required):*

- Student illness/sickness** (If a student is absent for five (5) or more cumulative days per term, further documentation is required beyond communication by the parent for the absence to be excused.)
- Medical/dental appointment** (please provide note from the medical provider)
- Student judicial proceeding** (please provide document from court verifying presence)
- Religious holiday**
- Death in the family**
- Other** (If you selected "other", please provide details. Please understand that under DC law, only certain absences may be accepted as excused absences. _____)

Parent Name (PRINT) _____

Parent Signature (SIGNATURE) _____

Parent Phone Number _____

Today's Date** : _____

****Note to Parents/Guardians: Please be aware that DC Law states that excuse notes written by parents must be turned into school staff within five days following a student's return from an absence for the absence to be excused.**

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