Wesley Elementary School

PARENT EXCUSE FOR STUDENT ABSENCE

My Child______________________________, was absent from school on,

(Student Name)

______________________________
(month/day/year)

For
(reason):

________________________________________

________________________________________

________________________________________

________________________________________

________________________________________

Signature of Parent/Guardian:________________________________________ Date:________

Please attach any documentation to this form and return to school within ten(10) days of absence.

This form must be completed by the student’s parent or guardian for each and every absence. This form must be returned to school within ten (10) days of the student’s return to school. After ten (10) days this form will not be accepted and the absences will be UNEXCUSED for the purposes of truancy.