

Report of Absence/Tardy Form
Please return within three days of absence

Student Name _____
Hr Teacher _____ Date _____
Date(s) of Absence _____

Please check the reason for your child's absence

- | | | | |
|--------------------------|----------------------|--------------------------|----------------------|
| <input type="checkbox"/> | 1. Illness | <input type="checkbox"/> | 4. Family Emergency |
| <input type="checkbox"/> | 2. Death in family | <input type="checkbox"/> | 5. Other (see below) |
| <input type="checkbox"/> | 3. Religious Holiday | | |

Please state the reason for number 5: _____

NOTE: 1, 2, 3, & 4 are considered Legal Excuses while 5 may be declared unexcused.

Parent's Signature

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