

Date _____

Dear _____
(Name of Teacher)

Please excuse _____
(Name of Student)

For absence/tardy (circle month, day or days)

Jan.	Feb.	1	2	3	4	5	6	7
Mar	Apr.	8	9	10	11	12	13	14
May	Jun.	15	16	17	18	19	20	21
Sept	Oct.	22	23	24	25	26	27	28
Nov.	Dec.	29	30	31				

For the following reason:

Illness _____ Dentist Appt. _____
 Doctor Appt. _____ Out of City _____
 Other _____

Signed _____
(Parent or Guardian)

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