



NAME _____

GRADE _____

DATE(S) ABSENT. _____

This student was absent on the date(s) indicated.
In accordance with school policy, an absentee excuse is needed
for this student. Please write your excuse on the bottom of this
form or attach the doctors' excuse (if applicable) to it.
Return this form to the Nurses' Office tomorrow.

Thank You,
Klare Joyce, BSN RN
School Nurse

Parent/Guardian Signature