



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

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Parent/Guardian Signature