

REASON FOR ABSENCE NOTE

An excuse note <u>must</u> be submitted to the school within <u>10</u> days of an absence. Please use this form to excuse your scholar's absences. Complete and return to the main office. If a written note is not received, your child is considered TRUANT after 4 unexcused absences in any <u>month</u> or 10 unexcused absences within the school year. At **15** unexcused absences, a referral to Juvenile Court/The Department of Children and Family Services (DCF) is <u>state mandated</u>.

Child's Name:			
Teacher/Grade/A	dvisory:		
	s:		
	Signature:		
Check below reas	on(s) for your child's ab	osence(s):	
Ear Infection	Asthma Fem	iinine Problems	Headache
Chicken Pox	Stomach Virus	Sore Th <mark>roat</mark>	Fever
Hospital Stay	Death In Family Family Emergency		
Religious Observa	ance (Include Date & He	oliday):	
Other Reason(s):		7	

If child has been taken to a doctor, hospital, clinic, etc., a note from the medical staff at the facility is also required.