

REYNOLDSBURG CITY SCHOOLS

Parent/Guardian Absence Note for Student



Today's Date: _____

First and Last Name of Student: _____

Please Excuse: **Absence** **Late Arrival** (Partial-Day) **Early Dismissal** (Partial-Day)
(Circle which applies)

Reason for time missed (check which applies):

<input type="checkbox"/> Student illness	<input type="checkbox"/> Doctor/Dentist appointment
<input type="checkbox"/> Death in the family	<input type="checkbox"/> Board approved enrichment activity
<input type="checkbox"/> Illness in the student's family	<input type="checkbox"/> Quarantined for a contagious disease
<input type="checkbox"/> Religious holiday/reason	<input type="checkbox"/> Mandated court appearance
<input type="checkbox"/> Immigration circumstances	<input type="checkbox"/> Foster care placement
<input type="checkbox"/> Homelessness	<input type="checkbox"/> Other:

Date(s) of Absence: _____

Parent/Guardian Name: _____
(Please Print)

Parent/Guardian Signature: _____

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