

CHS ALL DAY ABSENTEE FORM

Use this form when your child has been absent all day from school. You must bring this form to the Front Office within 48 hours of return to school for the absence to be excused.

(print student name AND student number)		(grade)	(student birthday)
was absent on _			·
	[enter specific	e date(s)]	
Excused:			
	Illness (self, immediate family)	Cour	t appearance
	Doctor/Dentist appointment	Religious holiday	
	Academic event	Death	n of family member
	Please note: only the six reasons abo	ove are excused by SJ	CSD.
parent/guardian na	nme – please print)		
(parent/guardian signature)			
(phone number for	parent)		
(today's date)			

Important: After fifteen (15) days of absence, whether excused or unexcused, a student will be required to turn in a doctor's note for every subsequent absence, tardy and early dismissal to be considered excused.