



Excuse for Absence

Date of Note: ____ / ____ / ____

Student FIRST Name: _____

Student LAST Name: _____

Homeroom Teacher: _____

My student was absent on ____ / ____ / ____

Reason for absence*:

** For absences of 3 days or more, or for a medical appointment, please attach a note from the doctor's office.*

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____

The Virginia State Department of Education requires a written note stating the reason for the absence from the parent/guardian within three days of returning from an absence in order for it to be excused.



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