

Lanai Road Elementary School Absence Excuse Form

Please complete this form for any full-day or partial-day absences and return to teacher upon student's return to school.

Any child who has been absent for 5 consecutive days may require a note from a physician or be admitted by the school nurse.

Name of Student: _____

Teacher: _____ Room: _____

Dates of Absence: _____

Reason for Absence (circle one):

Medical/Illness

Doctor Appointment

Illness

Other – Specify

Transportation Problems

Specify

Personal Reasons

Vacations

Death in Family

Errands

Family Problems

Legal Issues

Other – Specify

Specify: _____

Parent / Guardian Signature: _____

Relationship: _____ Date: _____