Student's Name:		Studen	Student's Name:		
Grade: Teache	er:		Grade:	Teacher:	
Absent Date(s) of Absence:		Absent	Date(s) of Absence	re:	
Tardy Date:	Arrival Time:	☐ Tardy	Date:	Arrival Time:	
Select the reason for your	student's absence/tardy:		Select the reason for	or your student's absence/tardy:	
☐ Illness/Injury	Religious Observance		☐ Illness/Injury	Religious Observance	
☐ Family Emergency	Death in Family		☐ Family Emerger	ncy Death in Family	
Court Appearance	☐ Inclement Weather		Court Appearan	ce Inclement Weather	
Dental/Medical Appoin	tment (provided Dr. excuse)		Dental/Medical	Appointment (provided Dr. excuse)	
arent/Guardian	Date:	Parent/Gua		Date:	
*Attendance excuse must be submitted within 3 school days after the absence/tardy to be considered excused.		Signature:	Signature: *Attendance excuse must be submitted within 3 school days after the absence/tardy to be considered excused.		
*Aftendance excuse must be submitted within 3 school days after the absence/tardy to be considered excused.			after the absence/tardy to be considered excused.		
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DINBORO ELEMENTARY SCHOO	DL ABSENCE/TARDY EXCUS	E EDINBORO	ELEMENTARY	SCHOOL ABSENCE/TARDY E	
•	DL ABSENCE/TARDY EXCUS	E EDINBORO	ELEMENTARY t's Name:	·	
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Student's Name: Teacher Absent Date(s) of Absence: Tardy Date: Select the reason for your services.	Pr:Arrival Time:student's absence/tardy: Religious Observance	E EDINBORO Student	DELEMENTARY States and states are soon for all ness/Injury	SCHOOL ABSENCE/TARDY E Teacher: :e:	
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