

EDINBORO ELEMENTARY SCHOOL ABSENCE/TARDY EXCUSE

Student's Name: _____

Grade: _____ Teacher: _____

☐ **Absent** Date(s) of Absence: _____

☐ **Tardy** Date: _____ Arrival Time: _____

Select the reason for your student's absence/tardy:

☐ Illness/Injury ☐ Religious Observance

☐ Family Emergency ☐ Death in Family

☐ Court Appearance ☐ Inclement Weather

☐ Dental/Medical Appointment (provided Dr. excuse)

☐ Other (unexcused): _____

Parent/Guardian

Date:

Signature: _____

**Attendance excuse must be submitted within 3 school days
after the absence/tardy to be considered excused.*

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