

Absence Excuse Note Form



DISTRICT OF COLUMBIA
PUBLIC SCHOOLS

Absence Excuse Note Form

Please excuse my child, _____ (PRINT NAME OF STUDENT).
He/she missed school on _____ (DATE(S) OF ABSENCE) due to the reason
checked below*:

**Please select the reason why your child missed school (required):*

- Student illness/sickness** (for 5 or more consecutive absences, doctor's note is required)
 - Medical/dental appointment** (please provide note from the medical provider)
 - Student judicial proceeding** (please provide document from court verifying presence)
 - Religious holiday**
 - Death in the family**
 - Other** (If you selected "other", please provide details. Please understand that under DC law, only certain absences may be accepted as excused absences.) _____
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Parent Name (PRINT) _____ Parent Signature (SIGNATURE) _____

Parent Phone Number _____ Today's Date** : _____

****Note to Parents/Guardians: Please be aware that DC Law states that excuse notes written by parents must be turned into school staff within five days following a student's return from an absence for the absence to be excused.**