

## EXCUSE FOR SCHOOL ABSENCE

For St. Francis de Sales School for the Deaf in Brooklyn

STUDENT'S NAME: \_\_\_\_\_

DATE(S) OF ABSENCE: \_\_\_\_\_

Please check (☒) one of the following:

- ☐ Illness/Injury - If absent 3 days or more, doctor's note is required to return to school
- ☐ Death or illness in the family
- ☐ Religious observance
- ☐ Weather or impassable roads
- ☐ Busing – missed or did not pick up
- ☐ Doctor's appointment – Verification of appointment needed from doctor
- ☐ Hospitalization – Verification from doctor stating child can return to school  
and is clear to participate in all related services and activities

OTHER: \_\_\_\_\_

I CERTIFY THAT THE EXCUSE CHECKED IS THE REASON THE STUDENT NAMED ABOVE  
WAS ABSENT ON THE DATE(S) NOTED.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Received in main office (date and initials): \_\_\_\_\_