EHS Absence Excuse Note

Please complete ALL information!

First & Last Name of Student: _____

Student ID#: _____ Grade: _____

Date(s) of Absence: _____

Reason for Absence (please check and/or explain):

- ☐ Illness **(check one):**
  - ALL DAY
  - Partial Day - Time In: _____ -OR- Time Out: _____
- ☐ Medical / Dental Appointment – Time In: _____ / Time Out: _____
- ☐ Funeral – specify relationship to student: _____
- ☐ Religious Holiday – specify: _____
- ☐ Other – specify reason:

_____

_____

_____

_____

Parent Signature: _____

Parent Phone Number: _____

Parent E-Mail Address: _____

Today's Date: _____