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.) ____________________________________________

__________________________

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.