

**Springfield School District – High School
EXCUSE FOR ABSENCE**

Student Name: _____ Grade: _____
Last First

Was absent from school on date(s): ____/____; ____/____; ____/____

Three consecutive days requires doctor's note.

Please Check One: (District policy considers the following conditions to constitute reasonable cause for absence from school)

- Illness Doctor/Dental Appointment Recovery from Accident/Injury
 College Visit Death in Family Court Attendance

 Other (this reason may not be excused) _____

Note Submission Date: ____/____/____

Parent/Guardian Signature: _____

State Law requires an explanation from the parent/guardian in each incident of absence and the written notification of the excuse must be kept on file.

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