Springfield School District – High School Springfield School District – High School EXCUSE FOR ABSENCE EXCUSE FOR ABSENCE _____ Grade: _____ First _____ Grade: _____ nst First Student Name: Student Name: Last Was absent from school on date(s): _____; ____ / Was absent from school on date(s): _____; _____ / Three consecutive days requires doctor's note. Three consecutive days requires doctor's note. Please Check One: (District policy considers the following conditions to Please Check One: (District policy considers the following conditions to constitute reasonable cause for absence from school) constitute reasonable cause for absence from school) ☐ Illness ☐ Illness □ Doctor/Dental Appointment □ Recovery from Accident/Injury ☐ Doctor/Dental Appointment ☐ Recovery from Accident/Injury ☐ College Visit ☐ Death in Family ☐ Court Attendance □ College Visit □ Death in Family □ Court Attendance ☐ Other (this reason may not be excused) ☐ Other (this reason may not be excused) Note Submission Date: / / Note Submission Date: / / Parent/Guardian Signature: Parent/Guardian Signature: State Law requires an explanation from the parent/guardian in each incident of 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. absence and the written notification of the excuse must be kept on file. **Springfield School District – High School Springfield School District – High School EXCUSE FOR ABSENCE EXCUSE FOR ABSENCE** _____ Grade: _____ First Grade: _____ Student Name: Student Name: Last Last Was absent from school on date(s): / ; / Was absent from school on date(s): / ; / ; Three consecutive days requires doctor's note. Three consecutive days requires doctor's note. Please Check One: Please Check One: (District policy considers the following conditions to (District policy considers the following conditions to constitute reasonable cause for absence from school) constitute reasonable cause for absence from school) ☐ Illness ☐ Doctor/Dental Appointment ☐ Recovery from Accident/Injury ☐ Illness ☐ Doctor/Dental Appointment ☐ Recovery from Accident/Injury ☐ College Visit ☐ Death in Family ☐ ☐ College Visit ☐ Death in Family ☐ ☐ Court Attendance ☐ Court Attendance ☐ Other (this reason may not be excused) _____ ☐ Other (this reason may not be excused) Note Submission Date: ____/____ Note Submission Date: ____/____ Parent/Guardian Signature: Parent/Guardian Signature:

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