

EXCUSE BLANK
S.R.U. MIDDLE SCHOOL

STUDENT NAME _____ GRADE _____ TEACHER _____

On the following date(s): _____

_____ Was absent _____ Was late (time of entry) _____

_____ Is to be dismissed at _____ (time)

DUE TO:

- ___ Doctor appointment
- ___ Dental appointment
- ___ Eye examination
- ___ Cold
- ___ Flu
- ___ Ear ache

- ___ Sore throat
- ___ Headache
- ___ Upset stomach
- ___ Toothache
- ___ Allergy

- ___ Physical injury
- ___ Hospitalization
- _____ (reason)
- ___ Missed school bus
- ___ Car trouble
- ___ Overslept
- ___ Other
- _____ (reason)

Signature of Parent/Guardian

This form should be used for ALL excuses for tardiness, absences or early dismissals from school due to appointments. Excuse blanks are sent home at the beginning of the year with your child. If you need more excuses, please request them from the school office. Parents are asked to return this form properly filled out and signed, as soon as the pupil returns to school. If the excuse is not returned within three days it will be considered an unexcused absence. THANK YOU for your cooperation.

Return to Mr. Jones, Principal, as soon as possible!

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