Early Childhood Program School # 57
Excuse Form

_____, room _____ was absent on the following date _____
{Student's Name}

Check one of the following reasons:

_____ he/she was sick.

_____ he/she had a doctor appointment

_____ he/she had a dentist appointment

_____ he/she had a death in the family

_____ other (please write in reason) _____

Parent signature _____
Please return to _____

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