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 ________________________________________________________