

SOUTHERN LEHIGH SCHOOL DISTRICT

EXCUSE FOR ABSENCE

Date of Absence: \_\_\_\_\_ A.M.  
P.M.  
(circle one)

Student's Name: \_\_\_\_\_

Homeroom Teacher \_\_\_\_\_

Reason for Absence: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

(For Office Use Only)

Excused Absence \_\_\_\_\_  
Unexcused Absence \_\_\_\_\_

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