

CENTRAL HIGH SCHOOL EXCUSE FORM

Please excuse: _____
Print First Middle Last

Parent's Full Name: _____

Date of Absence(s): _____

Reason for Absence: _____

**(Please turn-in within three days of returning to school.)
(If you have a Doctor's note please attach to this form.)**

Parent Please Sign: _____

Daytime Phone Number: _____

If you have questions about your child's attendance you can call the Attendance office at 261-3430

****When a child is absent, call the attendance office to report the reason for absence****