UNION COUNTY
SCHOOL DISTRICT

Building a More Perfect UNION

PARENT NOTE EXCUSE FORM

Student's Legal Name: _____

Date of Absence(s):_____

Homeroom Teacher: _____ Grade: _____

Please excuse _____(Child's Full Name) for being absent on the days listed above. Please check the absence reason that applies.

- _____Illness or injury. *Any illness or injury longer than 3 days can only be excused by a medical professional
- Death or serious illness of immediate family member.
- Court appearance.
- Other reason.

Explanation

_____
_____
_____

This excuse must be received within **2 days** of your child's absence. If an excuse is not received in the time required the absence will be considered unexcused. If you have any questions, please contact the secretary at the school.

Phone Number: _____

Parent Signature: _____

Date: _____