



# 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.
- \_\_\_\_\_ Death or serious illness of immediate family member.
- \_\_\_\_\_ Court appearance.
- \_\_\_\_\_ Other reason.

Explanation \_\_\_\_\_  
\_\_\_\_\_

This excuse must be received within 3 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: \_\_\_\_\_