

WESTERN LINE SCHOOL DISTRICT

ATTENDANCE EXCUSE

If all blanks are not properly filled in, the student will receive a unexcused absence

Date: _____
(Date Written)

TO WHOM IT MAY CONCERN:

Please excuse _____ for his/her absence
(Student's Name)

on _____
(Date of Absence)

He/She was out due to _____
(Illness/Injury)

If you have any questions you can reach me at _____
(Parent/Guardian Phone Number)

Sincerely,

Parent/ Guardian Signature

- **EXCUSE MUST BE RETURNED TO THE OFFICE WITHIN 3 DAYS OF STUDENT RETURNING TO SCHOOL**