**Sienna Crossing Elementary**

**Today’s Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ **Grade:** \_\_\_\_

**Teacher**: \_\_\_\_\_\_\_\_

**Date(s) of absences**:

**Please select reason for absence:**

**If no reason is selected, it will result in an unexcused absence.**

□ **Illness**-Four or more days require a physician’s note

□ **Doctor/Dental Appointment**-Please attach doctor’s note

□ **Court**-Please attach documentation

□ **Religious Observation**-

□ **Funeral**

□ **Other Reasons**\*\* **By selecting this option, the reason will be reviewed by Administration for possible approval. If no details are given, the absences will be coded as unexcused.**

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***Print* Parent/Guardian Name**:

**Parent/Guardian Signature:**

**Daytime Phone**:(\_\_\_\_\_)