

EHS Absence Excuse Note

Please complete ALL information!

Full Name of Student: _____

Student ID#: _____ Grade: _____

Date(s) of Absence: _____

Reason for Absence: Please check and/or explain. **If no reason is selected, it will result in an unexcused absence.**

Full Day Partial Day

Illness and/or Nurse requested to stay home

Medical/Dental/Counseling Appointment (*Send doctor's excuse to attendance office to medically excuse partial day absence*)

Driver's Test – Send copy of newly acquire permit to excuse absence.

Funeral – specify relationship to student: _____

Religious Holiday – Please specify: _____

Court (*need documentation*)

Other* – Specific reason required, otherwise **Unexcused**: _____

*Personal and/or Family Emergencies are reviewed by Administrators for possible approval. If no details are given, the absences will be coded as unexcused. Unexcused absences may result in truancy actions by the Department of Student Affairs.

Parent/Guardian's Signature: _____

Parent/Guardian's Phone Number: _____

**Excuse notes submitted to school within 5 days of returning from an absence provide a reason for the absence. The final determination to excuse the absence is made by campus personnel based on FBISD policy and procedures. For additional information, please see the Fort Bend ISD Student/Parent Handbook and the Elkins HS Supplement to the Handbook.

Revised 09/01/2021