

CSE Absence Form



Please complete and submit this form when your child is absent.

Attendance Clerk: Dolores Ramirez Phone: 281-634-6404 Fax: 281-327-6404

E-mail: attendancecse@fortbendisd.com

- Documentation must be received within 5 days upon your child's return to school
- Clearly explain the nature of the absence
- A doctor's note is required if a student is absent 4 or more consecutive days
- This absence form can be filled out in person, emailed, faxed, or brought in by a child or parent to their teacher

Student Na	ame:		,		
	Last			First	
Grade and	Teacher Name:		& _		
		Gr.		Teacher	
Date of Ab	sence(s):				
Reason for	absence:				-
					-
Parent Signature:			Date:		
Parent con	tact (email or p	hone):			-
Submitting do	cumentation does N	NOT guarantee	an excus	sed absence	
Date:	Unexcused	Excused	Princip	oal's Signature	