



Carlisle Area School District
 540 W North Street • Carlisle, PA, 17013
 717-240-6800 • www.carliseschools.org

ATTENDANCE EXCUSE FORM

My child _____ was absent on _____ because of:
Student Name *Date(s)*

- | | |
|--|--|
| <input type="checkbox"/> Illness/Quarantine | <input type="checkbox"/> Serious injury or death in immediate family |
| <input type="checkbox"/> Family Emergency | <input type="checkbox"/> Emergency Medical or Dental Appointments |
| <input type="checkbox"/> Authorized religious holidays | <input type="checkbox"/> Pre-arranged absence form approved by
Principal <u>in advance</u> (limit to 5 per school year) |

PRINT Name of Parent/Guardian: _____

SIGNATURE of Parent/Guardian: _____



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