

Date received by school _____

Date of request _____

Excused Absence Request Entschuldigung

Student's Last Name Nachname _____

First Name Vorname _____

Year _____ Class Teacher _____

Date of absence (if only one day) _____

otherwise

First day of absence _____ Last day _____

Total number of days _____

Class(es) missed all day
Lesson 1 2 3 4 5 6 7 8 9

ECA (s) _____

Reason(s) for absence vacation family emergencies
 medical other

Description _____

I understand, that unless this absence is for a school approved function or a medical appointment, it may show as an unexcused absence on the student's permanent record. I also understand that it is the student's/parent's responsibility to make up for any missed assignments.

Name of parent/ guardian (please print)

Date

Signature of parent/guardian

Comments _____

This form is to be completed and returned to the school no later than 3 days after the absence. If your child is sick longer than two days a note from the doctor is required stating that your child is allowed to return to school.