

Teacher _____ Grade _____

Documentation of Absence

Name of Child _____

Date(s) of Absence _____

Reason for Absence (in parent's writing) _____

Please Check One:

___ child illness (excused absence)

___ death in the family (excused absence)

___ religious holiday (excused absence)

___ instances which attendance could be hazardous as determined by
DeKalb County School System (excused absence)

___ other (unexcused absence)

Parent's Signature _____

Print Parent Name _____

Today's Date _____

Please attach/staple documentation if applicable. (example: doctor's note)