

LCS Elementary Parental Request for Excused Absence

This form **MUST** be signed by the teacher and **turned in to the office BEFORE** the planned absence. Thank you.

Name _____

Grade and Teacher _____

Date(s) of Absence _____

All Day _____ **OR**

Time Out _____ Time In _____

As parent/guardian of the above student, I request
they be excused from class for the following reason:

Parent Signature _____

Teacher Signature _____

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