

Collingdale Nazarene Christian School (CNCS)
Student Excuse Form

Date of Absence(s): From _____ Through _____

Student's Name _____

Grade _____ Homeroom Teacher _____

Please excuse my child's absence(s) for the following reason:

Absences of three days or more will require a signed doctor's note. Please attach to this form

- Illness or injury of the student
- Death or serious illness in the family
- School sponsored activity with prior approval by principal
- Isolation ordered by the county health officer of State Board of Health
- Medical or dental appointment
- Subpoena by a court
- Event required by student's or parent's religion
- Valid educational opportunity approved in advance by the school board
- Approved pre-arranged special circumstances or other extenuating circumstances

Parent's Signature _____ Date: _____

Phone Number you can be reached at during the day: _____ No Phone

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