



WATERBURY PUBLIC SCHOOLS
Waterbury, Connecticut

Date form issued to student _____

Name _____

Homeroom _____ ID# _____

PARENT EXCUSE FOR STUDENT ABSENCE

The following form must be completed by the student's parent or guardian for each and every absence. This form must be returned to homeroom teachers within three (3) days of the student's return to school. After three (3) days, this form will not be accepted and the absence will be UNEXCUSED for the purposes of truancy.

Student Name: _____

Address: _____

Parent/Guardian Name: _____

Home Phone: _____ Work Phone: _____

Date(s) of student absence (give month/day/year) _____

Date returned to school: _____ Date form returned to HR: _____

ReasonExplanation illness (doctor's note) illness (no doctor's note)

Describe illness: _____

 religious holiday

Name of holiday: _____

 court appearance (document) court appearance (no document)

Reason for court appearance: _____

Court address: _____

Name of attorney: _____

Attorney's phone: _____

 funeral (obituary) funeral (no obituary)

Name of deceased: _____

Name of funeral home: _____

Funeral home address: _____

Signature of Parent/Guardian: _____ Date: _____