School Absence Note
Shepherdstown Middle School

Date: _____

Student ID # _____

Please excuse _____
from school on _____ due to:

____Doctor's Appointment
____Dentist/Orthodontist Appointment
____Family Emergency
____Illness
____Overslept (Sorry)
____Other (Please Explain Below)
_____
_____
_____
_____
_____
_____
_____

_____
Parent Signature