

**Saint Michael School  
Official Excuse Form**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Date(s) Absent: \_\_\_\_\_ Date Returning to School: \_\_\_\_\_

Exact Reason for Absence:

---

---

---

---

---

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note: Illness, quarantine, and death of immediate family are the only excuses accepted by the state. This excuse must be submitted within three school days following the absence, or the absence will be “unexcused.” A doctor’s excuse must be submitted with this form for absence of three or more days.**

**Saint Michael School  
Official Excuse Form**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Date(s) Absent: \_\_\_\_\_ Date Returning to School: \_\_\_\_\_

Exact Reason for Absence:

---

---

---

---

---

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note: Illness, quarantine, and death of immediate family are the only excuses accepted by the state. This excuse must be submitted within three school days following the absence, or the absence will be “unexcused.” A doctor’s excuse must be submitted with this form for absence of three or more days.**