WEST ORANGE HIGH SCHOOL STUDENT ABSENCE EXCUSE FORM

Stud	dent Name:	Date:
Grac	de:	
Pare	ent/Guardian Name:	
Pho	ne Number:	
Date	e of Absence(s): to	
Plea	se check one of the following:	
	Illness/Injury	
	Is late due to	
	Religious observance	-
	Approved College Visit (Include College Documentation)	
	Medical/Dental Doctor's appointment - Verification of apposubmitted directly to Nurses Office	pintment needed from doctor
	Death in the Family (Please state relationship to stud	ent)
	Court Date (Include Documentation)	
	Chronic Illness (Must have paper work filed with the I	Nurses Office)
	Other (write explanation below)	
l cer	tify that the above named student was absent on the date(s) listed for the reason specified.
Pare	nt/Guardian Signature	
RET	DENTS MUST PROVIDE A NOTE TO THE ATTENDANCE OF URN TO SCHOOL FROM ANY ABSENCE. STUDENTS THAT IRS WILL BE DISCIPLINED.	
FAIL	URE TO BRING IN AN EXCUSE NOTE MEANS STUDENT IS	"CUT" FROM CLASS.

THANK YOU!

3 CUTS = LOSS OF CREDIT.