## **Student Absentee Verification Form**

Dear Parent(s):

| Students are expected to bring a written excuse for any absence(s) upon their return to school.  Students must be fever (less than 100.4 degrees), diarrhea and vomiting free for 24 hours without over the counter preventative medication. |        |
|--|--------|
|  |        |
| Student Name:  | Grade: |
| Date(s) Absent:  |        |
| Reason for absence(s):   |        |
|  |        |
| Parent Signature:  |        |
| Date:  |        |
| Office Signature:  |        |
| Date:  |        |
|  |        |