



Absence/Early Dismissal Note

Please excuse my child, _____ (PRINT NAME OF STUDENT).

He/she missed school on _____ (DATE(S) OF ABSENCE).

Please select the reason why your child missed school:

- Student illness/sickness** (for 5 or more consecutive absences, a doctor's note is required. Once a student accumulates ten (10) unexcused absences, a doctor's note will be required to count the absence as excused)
- Medical/dental/therapy appointment** (please provide note from the medical provider)
- Student judicial proceeding** (please provide document from court verifying presence)
- Death in the family**
- Other** (If you select "other", please provide details).

Parent Name _____ Parent Signature _____
PRINT SIGNATURE

Parent Phone Number _____ Today's Date: _____

Note: Please understand that under Miami-Dade County Public Schools Policy, only certain absences may be accepted as excused absences. Be aware that Miami-Dade Public Schools Policy states that notes justifying absences must be turned into school staff within three (3) days following a student's return. If you have any questions regarding attendance procedures, refer to <http://toolkit.dadeschools.net/attendance.asp>

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