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 ________________________________

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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