



Jersey Community Unit District No. 100

100 Lincoln Ave. - Jerseyville, IL 62052

Phone: 618-498-5561 Fax: 618-498-5265



Absence Excuse Form

Please complete this form and return it to your child's teacher upon his/her return to school after he/she has been absent. If your child has been to a doctor, please provide a doctor's excuse.

(After a student has been absent more than ten (10) days, a doctor's note must be provided for the student to be marked excused. A student missing more than ten (10) days without a doctor's excuse will be sent a truancy notice)

Date: _____

Please excuse _____ from school, as he/she attended an appointment at _____ (Please circle one: physician, dentist, orthodontist, counselor, court, personal, other)

Parent Signature

The student listed above left the office at _____ o'clock. The student will be returning for further treatment. Yes _____ No _____

Signature