

EXCUSE FORM

**BEDFORD AREA SCHOOL DISTRICT
BEDFORD ELEMENTARY**

TO: Elementary Attendance Office

Name of Student: _____

Grade: _____ Teacher _____

Today's Date: _____

DATES OF ABSENCE _____

PLEASE CIRCLE:

Tardy **Illness** **Doctor's Appt.**

Other (please specify) _____

Reason: _____

Parent/Guardian Signature: _____

Person Picking Up Child: _____

Office Comments: _____

OFFICE USE ONLY: TIME IN: _____ OUT: _____

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