EXCUSE FORM

BEDFORD AREA SCHOOL DISTRICT BEDFORD ELEMENTARY

TO: Elementary Attendance Office

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TO: Elementary Attendance Office

Name of Student: Name of Student: Grade: _____ Teacher _____ Grade: _____ Teacher Today's Date: Today's Date: DATES OF ABSENCE DATES OF ABSENCE PLEASE CIRCLE: PLEASE CIRCLE: **Tardy** Illness Doctor's Appt. **Tardy** Illness Doctor's Appt. Other (please specify)_____ Other (please specify) Reason: Reason: Parent/Guardian Signature: _____ Parent/Guardian Signature: _____ Person Picking Up Child: ____ Person Picking Up Child: ____ Office Comments: _____ Office Comments: OFFICE USE ONLY: TIME IN: _____OUT: ____ OFFICE USE ONLY: TIME IN: _____OUT: ____