

**Parent Note Excusing Absence**  
Grand County School District

**PLEASE PRINT**

Today's Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Student's Grade: \_\_\_\_\_

Student's Teacher (K-6 only) : \_\_\_\_\_

Date(s) of Absence: \_\_\_\_\_

Valid Excuse (check):

- illness / medical appointment
- family death
- IEP or 504 Plan
- principal approved circumstance

Parent Name (Please Print): \_\_\_\_\_

Parent Signature: \_\_\_\_\_

*Please use the back of this note for any additional information you wish to share. Return to school within 5 days of the absence.*

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