

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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