Grand County School District Grand County School District PLEASE PRINT PLEASE PRINT Today's Date: _____ Today's Date: _____ Student's Name: Student's Name: Student's Grade: Student's Grade: Student's Teacher (K-6 only): Student's Teacher (K-6 only): Date(s) of Absence: Date(s) of Absence: Valid Excuse (check): Valid Excuse (check): ☐ illness / medical appointment ☐ illness / medical appointment ☐ family death ☐ family death ☐ IEP or 504 Plan ☐ IEP or 504 Plan ☐ principal approved circumstance ☐ principal approved circumstance Parent Name (Please Print): Parent Name (Please Print): Parent Signature: Parent Signature: Please use the back of this note for any additional information Please use the back of this note for any additional information you wish to share. Return to school within 5 days of the absence. you wish to share. Return to school within 5 days of the absence. **Parent Note Excusing Absence Parent Note Excusing Absence Grand County School District Grand County School District** PLEASE PRINT PLEASE PRINT Today's Date: Today's Date: Student's Name: _____ Student's Name: ______ Student's Grade: ____ Student's Grade: Student's Teacher (K-6 only): Student's Teacher (K-6 only): Date(s) of Absence: Date(s) of Absence: Valid Excuse (check): Valid Excuse (check): ☐ illness / medical appointment ☐ illness / medical appointment ☐ family death ☐ family death ☐ IEP or 504 Plan ☐ IEP or 504 Plan ☐ principal approved circumstance ☐ principal approved circumstance Parent Name (Please Print): Parent Name (Please Print): Parent Signature: Parent Signature: Please use the back of this note for any additional information Please use the back of this note for any additional information you wish to share. Return to school within 5 days of the absence. you wish to share. Return to school within 5 days of the absence.

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