

School District of Philadelphia  
**ABSENCE EXCUSE NOTE**

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

Child's Name: \_\_\_\_\_

Child's Grade: \_\_\_\_\_ Room: \_\_\_\_\_

Number Days Absent: \_\_\_\_\_

List Date(s) Absent: \_\_\_\_\_

**NOTE: 3 or more days absent in a row requires a doctor's note**

Reason for Absence: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
*Parent or Guardian Signature*

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