

STEPHANIE S. ELIZALDE, ED.D.
SUPERINTENDENT OF SCHOOLS



Geneva Heights Elementary
Student Absence Note

Please explain why your child was absent and return this form to the school within three school days.

Please excuse my child _____ DOB _____

He/she was absent on _____

My child was absent because of (check one):

- Illness
- Doctor or Dentist Appointment (note from HealthCare provider)
- Death in Family (Funeral Home Attendance Certificate)
- Religious Holiday
- Other: (Explain) _____

PARENT CONTACT INFORMATION

Parent Name Parent Signature Date

Email Phone Number

For district use only: SID _____ Campus _____ Org _____ Code _____ ACI _____ Date _____
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