



KENNETT HIGH SCHOOL EXCUSAL FORMS

Student's Name (First/Last): _____

Student's ID: _____ Today's Date: _____

Please complete the appropriate section below

ABSENCE FROM SCHOOL

My child (Please circle: **was** / **will be**) absent from school on:

Day/Date: _____

Due to: _____

Check here if a doctor's note is attached

Note: Excuses must be returned within three (3) days of the student's absence or absence will be registered as unexcused and/or illegal. Please email Ms. Zavala with any questions at mzavala@kcsd.org.

LATE TO SCHOOL

My child arrived late on (day/date) _____

Due to: _____

Check here if a doctor's note is attached

EARLY DISMISSAL

Please allow my child to be dismissed early from school on:

Day/Date: _____ Time: _____

Due to: _____

Parent's Telephone Number: _____

My child WILL return to KHS today at _____ (time)

My child will NOT return to KHS today

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____



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