

Sayre Area School District - Excuse Slip

THIS FORM SHOULD BE USED FOR ALL TARDIES, ABSENCES OR EARLY DISMISSALS. EXTRA COPIES MAY BE OBTAINED FROM THE MAIN OFFICE OR ONLINE AT www.sayresd.org. THIS FORM IS TO BE SUBMITTED WITHIN THREE (3) SCHOOL DAYS OF THE STUDENT'S RETURN. THE ABSENCE(S) WILL BE CONSIDERED UNEXCUSED/UNLAWFUL IF NOT TURNED IN WITHIN THREE (3) DAY PERIOD.

STUDENT'S NAME: _____ GRADE ____ DATE WRITTEN _____

WAS ABSENT ON – LIST DATE(S) _____
BECAUSE _____

WAS LATE ON – LIST DATE(S) _____
BECAUSE _____

NEEDS TO BE DISMISSED ON: DATE _____ AT: EXCUSE TIME _____
BECAUSE HE/SHE HAS A DR/DENTAL APPT. IN: NAME OF CITY _____

WITH – LIST DOCTOR'S NAME: _____

MUST HAVE VERIFICATION FROM DR/DENTIST UPON RETURN FROM APPOINTMENT.
OR – LIST ANY OTHER REASON STUDENT NEEDS TO BE DISMISSED BELOW:

TO BE SIGNED BY PARENT/GUARDIAN ONLY _____