North Allegheny School District
Absence Excuse

Please send with your student on the day of their return.

Student Name: _____

Grade and Homeroom   (or Student ID): _____

My child was tardy _____

My child was absent on

_____
Date/s

for the following reason:

_____ Doctor / Dentist appointment
_____ Upper respiratory infection
_____ Flu or flu like symptoms
_____ Strep throat (must be on antibiotics for 24 hours before
        returning to school)
_____ Vomiting and/or diarrhea (must be symptom free for 24 hours
        before returning to school)
_____ Conjunctivitis or "Pink eye" (must be on antibiotic
         drops for 24 hours before returning to school)
_____ other - please list below

_____

_____

Parent Signature _____

Today's Date _____

Excuses must be returned within three days of the child's
absence from school