

**WESTINGHOUSE ARTS ACADEMY
Attendance Excuse Form**

****This form must be completed in its entirety in order to be accepted.****

Student Name: _____ Date: _____
(Student First and Last Name. PLEASE PRINT CLEARLY) (00 / 00 / 0000)

CHECK ONE OF THE FOLLOWING OPTIONS

| | |
|--------------------------|---|
| <input type="checkbox"/> | IS LATE TO SCHOOL DUE TO: _____ _____ |
| <input type="checkbox"/> | REQUESTS AN EARLY DISMISSAL AND WILL BE PICKED UP BY _____ AT _____ AM / PM (AUTHORIZED PERSON) (TIME) DUE TO _____ <small>(FOR APPOINTMENTS, PLEASE ATTACH THE DOCTOR'S NOTE TO THE BACK OF THIS FORM)</small> |
| <input type="checkbox"/> | IS RETURNING TO SCHOOL AFTER AN ABSENCE OF _____ DAYS DUE TO _____ <small>(PLEASE PROVIDE SPECIFIC DETAILS OF ILLNESS/ SYMPTOMS)</small> |

DATES OF ABSENCES: _____

BY SIGNING HERE, I ATTEST THAT THIS INFORMATION IS TRUE AND ACCURATE. I ALSO UNDERSTAND THAT I MAY NEED TO PROVIDE ADDITIONAL DOCUMENTATION OR MAY BE CONTACTED BY WESTINGHOUSE ARTS ACADEMY FOR VERIFICATION PURPOSES.

(PRINTED NAME OF PARENT/ GUARDIAN) (DATE)

(SIGNATURE OF PARENT/ GUARDIAN) (DAYTIME PHONE NUMBER)



**WESTINGHOUSE ARTS ACADEMY
Attendance Excuse Form**

****This form must be completed in its entirety in order to be accepted.****

Student Name: _____ Date: _____
(Student First and Last Name. PLEASE PRINT CLEARLY) (00 / 00 / 0000)

CHECK ONE OF THE FOLLOWING OPTIONS

| | |
|--------------------------|---|
| <input type="checkbox"/> | IS LATE TO SCHOOL DUE TO: _____ _____ |
| <input type="checkbox"/> | REQUESTS AN EARLY DISMISSAL AND WILL BE PICKED UP BY _____ AT _____ AM / PM (AUTHORIZED PERSON) (TIME) DUE TO _____ <small>(FOR APPOINTMENTS, PLEASE ATTACH THE DOCTOR'S NOTE TO THE BACK OF THIS FORM)</small> |
| <input type="checkbox"/> | IS RETURNING TO SCHOOL AFTER AN ABSENCE OF _____ DAYS DUE TO _____ <small>(PLEASE PROVIDE SPECIFIC DETAILS OF ILLNESS/ SYMPTOMS)</small> |

DATES OF ABSENCES: _____

BY SIGNING HERE, I ATTEST THAT THIS INFORMATION IS TRUE AND ACCURATE. I ALSO UNDERSTAND THAT I MAY NEED TO PROVIDE ADDITIONAL DOCUMENTATION OR MAY BE CONTACTED BY WESTINGHOUSE ARTS ACADEMY FOR VERIFICATION PURPOSES.

(PRINTED NAME OF PARENT/ GUARDIAN) (DATE)

(SIGNATURE OF PARENT/ GUARDIAN) (DAYTIME PHONE NUMBER)

**WESTINGHOUSE ARTS ACADEMY
Attendance Excuse Form**

****This form must be completed in its entirety in order to be accepted.****

Student Name: _____ Date: _____
(Student First and Last Name. PLEASE PRINT CLEARLY) (00 / 00 / 0000)

CHECK ONE OF THE FOLLOWING OPTIONS

| | |
|--------------------------|---|
| <input type="checkbox"/> | IS LATE TO SCHOOL DUE TO: _____ _____ |
| <input type="checkbox"/> | REQUESTS AN EARLY DISMISSAL AND WILL BE PICKED UP BY _____ AT _____ AM / PM (AUTHORIZED PERSON) (TIME) DUE TO _____ <small>(FOR APPOINTMENTS, PLEASE ATTACH THE DOCTOR'S NOTE TO THE BACK OF THIS FORM)</small> |
| <input type="checkbox"/> | IS RETURNING TO SCHOOL AFTER AN ABSENCE OF _____ DAYS DUE TO _____ <small>(PLEASE PROVIDE SPECIFIC DETAILS OF ILLNESS/ SYMPTOMS)</small> |

DATES OF ABSENCES: _____

BY SIGNING HERE, I ATTEST THAT THIS INFORMATION IS TRUE AND ACCURATE. I ALSO UNDERSTAND THAT I MAY NEED TO PROVIDE ADDITIONAL DOCUMENTATION OR MAY BE CONTACTED BY WESTINGHOUSE ARTS ACADEMY FOR VERIFICATION PURPOSES.

(PRINTED NAME OF PARENT/ GUARDIAN) (DATE)

(SIGNATURE OF PARENT/ GUARDIAN) (DAYTIME PHONE NUMBER)

**WESTINGHOUSE ARTS ACADEMY
Attendance Excuse Form**

****This form must be completed in its entirety in order to be accepted.****

Student Name: _____ Date: _____
(Student First and Last Name. PLEASE PRINT CLEARLY) (00 / 00 / 0000)

CHECK ONE OF THE FOLLOWING OPTIONS

| | |
|--------------------------|---|
| <input type="checkbox"/> | IS LATE TO SCHOOL DUE TO: _____ _____ |
| <input type="checkbox"/> | REQUESTS AN EARLY DISMISSAL AND WILL BE PICKED UP BY _____ AT _____ AM / PM (AUTHORIZED PERSON) (TIME) DUE TO _____ <small>(FOR APPOINTMENTS, PLEASE ATTACH THE DOCTOR'S NOTE TO THE BACK OF THIS FORM)</small> |
| <input type="checkbox"/> | IS RETURNING TO SCHOOL AFTER AN ABSENCE OF _____ DAYS DUE TO _____ <small>(PLEASE PROVIDE SPECIFIC DETAILS OF ILLNESS/ SYMPTOMS)</small> |

DATES OF ABSENCES: _____

BY SIGNING HERE, I ATTEST THAT THIS INFORMATION IS TRUE AND ACCURATE. I ALSO UNDERSTAND THAT I MAY NEED TO PROVIDE ADDITIONAL DOCUMENTATION OR MAY BE CONTACTED BY WESTINGHOUSE ARTS ACADEMY FOR VERIFICATION PURPOSES.

(PRINTED NAME OF PARENT/ GUARDIAN) (DATE)

(SIGNATURE OF PARENT/ GUARDIAN) (DAYTIME PHONE NUMBER)

