

**School Board of St. Lucie County
Notification to School of Student Absence**

Instructions: A separate form must be completed for each student in the family that missed school on any given day and the parent must complete all blanks on the upper portion of the form.

DATE: _____
Month / day / year

My child _____, **Date of Birth** _____,
First Name Last Name

was absent from school on the following date(s) _____
give month/day/year for each day the student was absent

because _____

My child saw the doctor. **yes** **no** **If yes, please give the name of the doctor:** _____ **on** _____.
Doctor's name Date student saw the doctor

Verification of the doctor's visit is attached. **yes** **no**

Parent's Signature _____

Date signed _____

School Use Only
Signature of School Official Receiving This Notice: _____

Date Notice Received: _____

This absence has been **excused** **unexcused**

Comments by school official: _____

