

**STUDENT ABSENTEE FORM
THE PATHFINDER SCHOOL**

Date: _____

Homeroom Teacher Name

Homeroom Number

Please excuse: _____

Name of Student

Date of Absence: _____

Number of day(s) absent: _____

Reason for Absence: _____

Parent Signature

Date Excuse Received: _____

Signature of Homeroom Teacher

****IMPORTANT INFORMATION****

Only ten (10) parental excuses are permitted annually. Additional absences must be medically excused.

All absences are considered unexcused until a written, explaining the absence, is received. Excuses MUST submitted within three (3) days of the absence. After three (3) days, absences will remain unexcused.

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