

## Absence Note

Date Written: \_\_\_\_\_

Teacher: \_\_\_\_\_

Student Full Name: \_\_\_\_\_

Date(s) of absence: \_\_\_\_\_

Verifiable Reason for Absence: \_\_\_\_\_

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Absence notes must be provided **within 3 days** of an absence and ARE NOT a guarantee of an absence being excused. Per CCSD Regulation 5113, only 10 verifiable or pre-arranged absences may be excused per school year. All arranged absences for which make-up work was not completed and submitted as specified by the teacher shall be considered unapproved.

All absences for MEDICAL, DENTAL and LEGAL appointments will require verification.

School Phone # 702-799-5730 School Fax# 702-799-5739

Parent/Guardian \_\_\_\_\_  
(Print Name)

Parent/Guardian \_\_\_\_\_  
(Signature)

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