

North Allegheny School District
Absence Excuse

please print and send with your student on the day of their return.

Student Name: _____

Grade and Homeroom (or Student ID): _____

My child was tardy _____

Please excuse my child from school 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

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