

# Excused Absence Form

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

My child, \_\_\_\_\_, was absent on  
\_\_\_\_\_ through \_\_\_\_\_ for the following reason(s):

\_\_\_\_ Illness/Injury of the child or immediate family member requiring hospitalization and/or bed rest (to include life-threatening illness/injury).

\_\_\_\_ Medical Legal Appointment (i.e. doctor, dentist, court, etc.).

\_\_\_\_ Infectious disease or parasite infection (i.e. lice). (up to four (4) days per school year).

\_\_\_\_ Observation religious holidays/service instruction, which forbids secular activity on an instruction day.

\_\_\_\_ Funeral/memorial service, or bereavement upon the death of a child's immediate family member.

\_\_\_\_ Catastrophic disasters that significantly impact the life of the student (e.g. loss of residence from natural disaster).

\*(OCPS' practice has been to define immediate family as the student's mother, father, brother, sister, stepmother, stepfather, step-siblings, and other relatives who live in the student's home)

**Name of Parent/Guardian:** \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_

**Please attach any supporting documents (eg. doctor's notes, dentist's note, etc.)**