Licking Heights
LOCAL SCHOOLS

Student Attendance Excuse Form
Grades K-8

Please excuse my child, _____,
Student Name

from school on the following date(s): _____
Date(s)

They will be out of school for the following reason:

- Personal illness
- Appointment with a health care provider
- Illness in the family necessitating the presence of the child
- Quarantine of the home
- Death in the family
- Observation or celebration of a bona fide religious holiday
  Name of Holiday:_____
- Out of state travel (up to a maximum twenty-four (24) hours per school year that the student's school is open for instruction) to participate in a District-approved enrichment or extracurricular activity

Thank you,

_____
Parent's Signature. Date

Note: To have a student medically excused you must provide a letter from your physician.

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