



**Gettysburg Area Middle School
Absence, Tardiness
& Early Dismissal Excuse**

Excuses must be returned within three days of the child's absence from school.

Today's Date: _____

Students Name: _____ Grade: _____

Date(s) of Absences: _____ Time: _____

Reason for Absence, Tardiness & Early Dismissal:

- ___ Doctor Appointment
- ___ Dentist Appointment
- ___ Eye Appointment
- ___ Illness _____
- ___ Injury _____
- ___ Other _____

Additional Information: _____

Signature of Parent or Guardian

(Do not write below line / Office use only)

Excused: _____ Unexcused: _____ Reason: _____

Date received: _____



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