EXCUSE FORM
WEST CHESTER AREA SCHOOL DISTRICT

Name of School ____________________________________________
Room ______________________________________________________
Teacher ____________________________________________________
Name of Pupil ______________________________________________
Date(s) Absent _____________________________________________
Cause of Absence ____________________________________________
_______________________________________________________________

Parent’s Signature __________________________________________

To comply with the ruling of the Department of Education, it is necessary to have the date in form above.
This excuse must be brought to the teacher at the opening of the session of school following the absence.

BY ORDER OF THE SUPERINTENDENT OF SCHOOLS