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

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