

ABSENCE VERIFICATION FORM

Name of Pupil: _____ Homeroom: _____

Date/Dates of Absence: _____

Reason for Absence: _____

Parent/Guardian Signature: _____

For Office Use Only

District Employee Signature: _____ *Date:* _____

Method of Clearance:

Phone Call _____ *Parent In* _____ *Note* _____ *Other* _____

If Other: _____

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