Loyalsock Township Middle School
Student Absentee Excuse

Student Name_____
Please Print Student's Complete Name

Grade_____

Date(s) student was absent_____
Month/Date/Year

Reason for absence (please check one):

_____   Illness

_____   Death in Family_____
Relationship to Student

_____   Family Illness_____
Relationship to Student

_____   Other_____
Please Specify

_____
Parent/Guardian Signature

(Office Use Only)
*Date Excuse Received*_____