



GRAY COLLEGIATE ACADEMY ABSENCE FORM

Today's Date: _____

Student's Full Name: _____

Parent's Name: _____

Parent/Guardian Contact Number: _____

Parent/Guardian Email: _____

Date(s) of Absence: _____

<u>Excused</u>	<u>Unexcused</u>
____ Medical Note (Please attach medical note)	____ Unexcused Parent Note
____ School Approved Field Trip	____ Vacation
____ Principal Approved (Prior approval Required)	____ Transportation /Traffic
____ Student required court appearance (Must have a note from the court)	
____ Bereavement (Immediate Family)	

***All parent and medical notes must be turned in within 3 days of return to school.**

*** Full day unexcused absences will count toward truancy.**

*** Only 5 excused parent notes will be accepted throughout the school year.**

Parent's Signature: _____