

JEFF TECH ATTENDANCE/EXCUSE FORM

Date: \_\_\_\_\_

Please excuse (student's name): \_\_\_\_\_

Date of absence: \_\_\_\_\_

_____ Fever over 100	_____ Body aches/chills
_____ Sore throat	_____ Nausea/vomiting/diarrhea
_____ Cough	_____ Ear ache
_____ Congestion/runny nose	_____ Headache
_____ Other	

\_\_\_\_\_  
(i.e. dental, orthopedic, minor surgical procedure, agency/counseling apt., death in family, etc.)

Parent's printed name: \_\_\_\_\_

Parent's signature: \_\_\_\_\_ Daytime phone: \_\_\_\_\_

Administrative signature: \_\_\_\_\_