STATE COLLEGE AREA SCHOOL DISTRICT STATE COLLEGE AREA SCHOOL DISTRICT MOUNT NITTANY MIDDLE SCHOOL MOUNT NITTANY MIDDLE SCHOOL **EXCUSE BLANK EXCUSE BLANK** Grade H.R. Grade (Name of Student) (Name of Student) H.R. was absent/tardy______, 20_____ was absent/tardy_______, 20_____ reason: reason: Date Signature of Parent/Guardian Date Signature of Parent/Guardian Excuses must be returned to office within 48 hours Excuses must be returned to office within 48 hours STATE COLLEGE AREA SCHOOL DISTRICT STATE COLLEGE AREA SCHOOL DISTRICT MOUNT NITTANY MIDDLE SCHOOL MOUNT NITTANY MIDDLE SCHOOL **EXCUSE BLANK EXCUSE BLANK** (Name of Student) Grade H.R. (Name of Student) Grade H.R. was absent/tardy______, 20_____ was absent/tardy_______, 20______ Signature of Parent/Guardian Signature of Parent/Guardian Excuses must be returned to office within 48 hours Excuses must be returned to office within 48 hours STATE COLLEGE AREA SCHOOL DISTRICT STATE COLLEGE AREA SCHOOL DISTRICT MOUNT NITTANY MIDDLE SCHOOL MOUNT NITTANY MIDDLE SCHOOL **EXCUSE BLANK EXCUSE BLANK** Grade H.R. Grade H.R. (Name of Student) (Name of Student) was absent/tardy______, 20_____ was absent/tardy______, 20______, reason:___ reason: Signature of Parent/Guardian Signature of Parent/Guardian Date Excuses must be returned to office within 48 hours Excuses must be returned to office within 48 hours