

Room # _____ Student # _____

**State College Area School District
Excuse for Absence or Tardiness**
“Regular Attendance is Essential to Success”
* tardy
_____ was *absent
_____ student name

From school on _____
For the following reasons _____

Date _____
Signature of Parent/Guardian _____

EXCUSES MUST BE RETURNED TO SCHOOL OFFICE WITHIN 3 SCHOOL DAYS – this excuse must be kept on file for the inspection of School Officials. In case of questionable absence claimed by illness the local school board officials may require an examination by the school medical inspector to approve such absence as legal.

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